

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

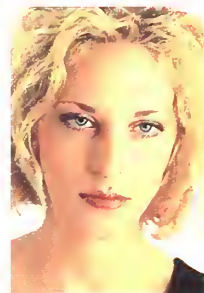
10 May 1997

Dobson heads new Labour health team

Action and advice over antihistamine concerns

Paracetamol: Ireland to limit pharmacy packs

Heading off
into the
world of
hair care



Flying the flag in the spirit of the Co-op

Pharmacies 'plagued by financial problems'

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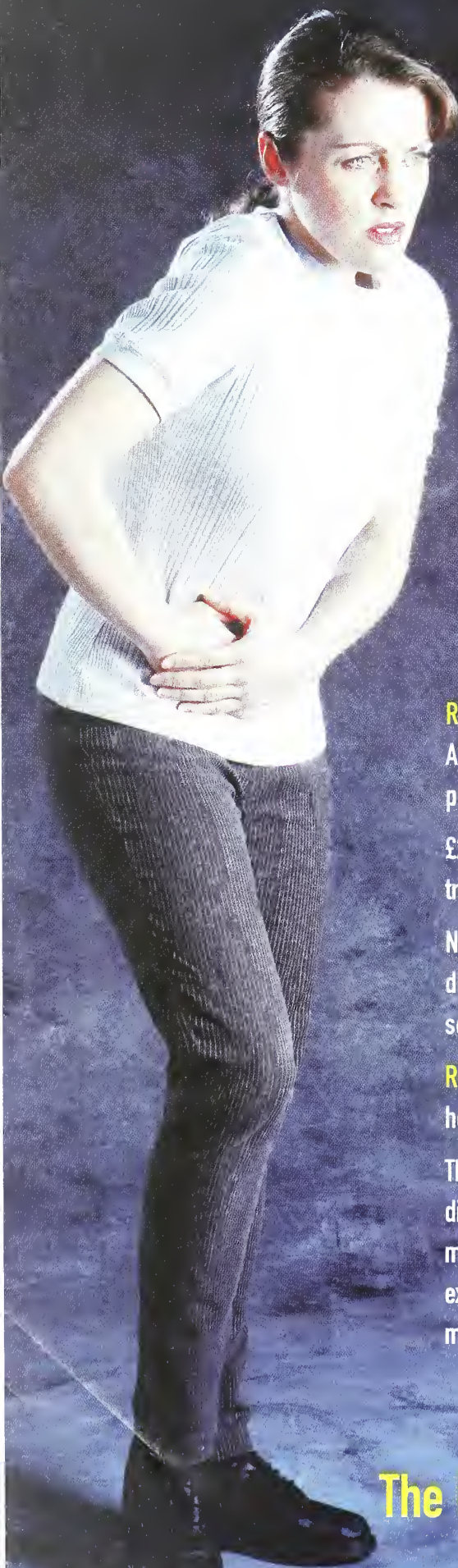
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The Mentholatum Company Limited, East Kilbride, Scotland
PL 0189/0020 **DATE OF INFORMATION:** May 1995
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WHITEHALL

Healthcare is now a global business, made increasingly so by the merger of many major multinational players. While governments seek to curb the costs to the taxpayer of supporting healthcare services, new products are able to treat medical conditions with increasing effectiveness. But there is still a vast number of conditions for which there is no effective treatment, such as cancers, Alzheimer's disease, multiple sclerosis, Parkinson's disease and AIDS. The latest World Health Report from the World Health Organisation, published this week, highlights other major areas of concern. Of over 52 million deaths in 1996, over 17 million were due to infectious or parasitic disease, more than 15 million from circulatory diseases, six million were down to cancer and three million to respiratory disease. The WHO predicts that dramatic increases in life expectancy, combined with changes in lifestyle, will lead to global epidemics of cancer and chronic disease. Global life expectancy has now reached 65, but increased longevity does not come free. For many those extra years may be spent in pain and disability arising from chronic complaints. Individuals, particularly in countries such as our own, with well developed and resourced health services (everything is relative) should be concerned not so much about their life expectancy as their health expectancy. In the UK, women can expect to live until 83 and men to 79. In 1994, people over 65 made up 18 per cent of the population. By 2010 there will be seven million aged over 70. What this serves to demonstrate is that healthcare is dynamic. While fighting infectious disease is one nation's priority, developed countries face their own health problems, and are increasingly struggling to cope with them. Can healthcare be too successful for its own good?

CHEMIST & DRUGGIST

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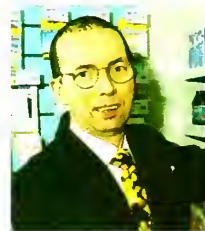
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Dobson fronts Labour health team

Frank Dobson, the veteran Labour frontbencher, has been made health secretary in one of the biggest surprises in Tony Blair's new Labour Government.

Mr Dobson, an effective shadow health spokesman between 1985-87, was tipped by some commentators as a likely candidate to be axed when Mr Blair formed his new cabinet.

He was previously shadow environment secretary, but many Labour modernisers believed he was too traditional, and too closely aligned to public sector interests. However, Mr Blair believes Mr Dobson possesses 'a safe pair of hands' and will prove adept at introducing Labour's limited health service reforms.

He will have to work within the previous Government's tight budget plans for the next two years, and any increases will have to come from internal savings.

Labour's top priority will be to reform the NHS internal market and the current system of GP fundholding. The first \$100 million will be spent on cutting waiting lists by 100,000.

The task of implementing the detailed proposals will fall to minister of state Alan Milburn, a Blairite. He will carry out much the same role as Gerald Malone, his Tory predecessor, including responsibility for pharmacy, drugs and the drugs bill.

Labour's election manifesto contained no reference to pharmacy, and there is unlikely to be dramatic action in the area in the near future. The party has expressed its support for community pharmacy and will be closely



It was with much sorrow that the demise of the Conservative Government was predicted in this office. Not on political grounds, but because of the fact that the name of the health secretary would most likely change from Stephen Dorrell to Chris Smith, if the shadow cabinet were to translate directly into the administration. Although there is nothing wrong with the surname Smith, there was always a moment of glee when spell-checking news pieces involving Mr Dorrell: the computer would want to substitute the name 'Doorbell' for Dorrell. Smith is completely overlooked. Hence, it is with much delight that Frank Dobson has been appointed health secretary instead. The suggested alternative to his name comes up as 'Doubloon'

watching the deliberations on Resale Price Maintenance.

Prescription prices are also likely to be pegged to inflation, or even increased.

The other minister of state is Tessa Jowell, also a moderniser, who takes responsibility for public health and health promotion.

Ms Jowell and Mr Milburn are seen as rivals for the top job at the Department of Health when Mr Dobson is moved. Some at Westminster believe the health secretary is unlikely to last more than 18 months.

Chris Smith, the former shadow health secretary, is the new national heritage secretary. He was disliked by chancellor Gordon Brown because of his apparent fondness for public spending. Kevin Baron, previously the shadow health spokesman responsible for pharmacy, is dropped.

Pharmaceutical Services Negotiating Committee chairman Wally Dove has written to Mr Dobson to congratulate him on his appointment. "We have had a good relationship with Labour's

health team. We worked closely with them during the recent passage of the NHS (Primary Care) Bill through parliament," he said. "We want to see that positive relationship continue."

● Out of the Conservatives' former health team, only Stephen Dorrell was returned as an MP. Former health minister Gerald Malone lost his seat, as did junior minister Tom Sackville.

● Asda chairman Archie Norman, the scourge of RPM, was successful as the Conservative candidate for Tunbridge Wells.

OFT still gathers RPM evidence

The Office of Fair Trading is still collecting evidence before it refers the Resale Price Maintenance issue to the Restrictive Practices Court.

It was expected a referral would be made by the end of March. However, both the Scottish Pharmaceutical General Council and the National Pharmaceutical Association are advising contractors to contact them should the OFT seek business data.

"The situation has fallen back a little," said an OFT spokesman, confirming that it is still preparing evidence. He thought any application would be made "early this summer, possibly next month".

As it is a legal procedure, the time frame should not be affected by the new Government.

Co-op's burning ambition – at a price

In a radical move, the Co-op has slashed the prices of sun protection creams by around half in 1,000 supermarkets.

By selling sun care products at cost price until September, it will be making no profit at all on any sun protection cream sales this summer. Co-op customers are now able to buy a product like Ambre Solaire Moisturising Tanning Milk SPF 8 (200ml) for \$4.97 instead of the normal retail price of \$8.49.

The move follows independent research conducted for the Co-op which shows that 58 per cent of British holidaymakers risk carrying on sunbathing even if they are sunburnt. Furthermore, one person in three doesn't realise that sun creams can protect against cancer.

Ged Carter, for the Co-op, com-

ments: "By offering sun protection creams at cost price we're doing what we can to help people to protect themselves for the lowest price possible. We're also challenging other retailers to lower their prices, too."

Ann Klahn of the Suncare Awareness Group, which represents sun care manufacturers, says: "Price is not necessarily the key determining factor when consumers are making their choice. In a recent industry survey, a well established brand name and a wide choice were the most important aspect in consumer's choice of a sun product."

"Consumers should consider the cost of sun protection products in relation to the overall cost of a holiday and look at them as a long-term insurance against skin damage."

Calls to stressline on the up

Increasing numbers of callers are making use of the Listening Friends telephone helpline for stressed-out pharmacists.

From January, 1996, up until the end of February this year the scheme dealt with more than 100 callers, and is currently receiving a dozen calls a month.

It is now the only stress help scheme for pharmacists as a similar scheme for National Pharmaceutical Association members has been discontinued.

The Listening Friends is funded by the Royal Pharmaceutical Society's Benevolent Fund, and provides a free confidential service. The line is staffed by trained volunteer pharmacists.

Pharmacists wanting help on work or personal matters can phone a 24-hour answering service on 0171 820 3387.

Gifts under scrutiny

Gifts, such as mountain bikes, shopping vouchers and air mile points, from pharmaceutical companies to doctors and pharmacists have been highlighted in a Sunday newspaper.

Maintaining that gifts are made in breach of the pharmaceutical industry's code of practice, *The Sunday Times* says it "has discovered evidence that drugs worth million of pounds are being sold each year through the controversial schemes". It also says that the Department of Health will consider prosecuting firms.

A DoH spokesman confirmed on Tuesday that it would consider prosecuting offenders.

Call for clearer non-contract pharmacy signs

A complaint that a non-contract pharmacy did not make it clear that it was unable to dispense prescriptions is being looked at by trading standards officers.

The complaint was made against the Boots pharmacy in the Sainsbury's supermarket at Dog Kennel Hill, south London. The only sign explaining that it is unable to dispense prescriptions is at the pharmacy, not outside the store.

Writing to the Boots' home trading standards office in Nottingham, Southwark trading standards officer Sally Slade says that several people have com-

mented to the pharmacy that they have had to park and walk through the supermarket only to find that they could not get a prescription dispensed.

"Our complainant was angry as he felt he had been misled by the description 'pharmacy', which he legitimately took to imply that it dispensed prescriptions when it didn't," wrote Ms Slade.

"It may clarify the matter for all concerned for Boots to consider placing clear notices in these non-dispensing pharmacies to advise customers of the situation and to prevent this unfortunate problem arising again."

Speaking on Tuesday, Ms Slade says that her office was not considering taking the complaint any further, but had to look into all grievances received from the public. She had suggested that the Nottingham office discuss the matter, which she believed could apply to other non-contract Boots pharmacies.

The local problem, however, may soon be remedied. "The imminent closure of a neighbouring pharmacy will free up a dispensing licence," she says.

Boots spokesman Tim Legge was not able to comment on the matter.

Antihistamine advice given

The manufacturer of loratadine has given reassurance on its safety, after a report last week linked more non-sedating antihistamines with heart rhythm disorders. The Royal Pharmaceutical Society says there is no need for pharmacists to move any other antihistamines besides terfenadine into the dispensary; consumers are being advised to discuss their symptoms with a pharmacist as a precaution.

A report in *The Lancet* last week suggested some alternatives to terfenadine might have similar problems. Researchers in Sweden studied nearly 10,000 adverse drug reaction reports from 17 countries and calculated the number of ADRs per million defined daily doses sold. These doses were: acrivastine 24mg, astemizole 10mg, cetirizine 10mg, loratadine 10mg and terfenadine 120mg. Terfenadine showed the highest incidence of cardiac rate and rhythm disorders (864), followed by loratadine (286), astemizole (233), cetirizine (15) and acrivastine (3), although all were less than 0.25 reports per million defined daily doses sold.

A closer analysis of 57 reports of ventricular arrhythmias associated with loratadine showed that 27 had no mention of interacting drugs and five patients had died.

The researchers, Professor

Ralph Edwards and Marie Lindquist at the World Health Organisation's international drug monitoring centre in Uppsala, write: "These crude rates reflect doctors' concerns with these products, but do not provide a definitive answer." They suggest that a thorough consideration of the comparative benefit/risk profile of all non-sedating antihistamines would be wise.

A spokesman for Schering-Plough in the US told *C&D* on Tuesday that the WHO study was flawed in that it gave crude rates which lacked causality assessment, patient histories and follow-up. The company has more comprehensive data, from 37 countries, which has been reviewed by the US Food and Drug Administration and shows no confirmed case of ventricular arrhythmias or cardiac death associated with loratadine. Because of the drug's safe cardiovascular profile it was more likely to be prescribed for patients with heart disease and, despite this bias, there were few ADRs after over ten years on the market.

A spokesman for Johnson & Johnson MSD said the latest study had revealed no new data that would warrant a change in labelling of astemizole products.

● The National Pharmaceutical Association has written to the

manufacturers of hayfever products about surplus stock levels in pharmacies following the recent publicity surrounding terfenadine. Taking terfenadine-based products back into the dispensary will inevitably affect sales, says the NPA. The letter asks manufacturers what action they are considering to alleviate such difficulties.

The letter has been sent to J&J MSD, Novartis Pharmaceuticals, Norton Healthcare and Unichem, which supply OTC terfenadine and astemizole (although the Society has only recommended that the latter be sold personally by the pharmacist and not necessarily moved to the dispensary).

● Dr David Roberts, chairman of the Dispensing Doctors' Association, suggested in a letter to *The Times* on May 2 that the Society's advice to pharmacists to supervise all terfenadine sales is "tantamount to an admission that in practice there is no effective supervision of P-list remedies. Changing terfenadine and other P-list items to Prescription-only status is the only means of protecting the consumer".

Allowing doctors to sell medicines to NHS patients would reduce dispensing costs and offer patients a safer, cheaper and more convenient service, he said.

Heinz baby food recall

Heinz is recalling part of a batch of Heinz From Seven Months Pasta Stars with Lamb & Tender Vegetables Red Label Variety in 220g jars, because some labels do not show it contains skimmed milk. Codes affected are: 09-98 KN 0637 00:00 to 09-98 KN 0637 23:59 and 09-98 KN 0647 00:00 to 09-98 KN 0647 23:59.

Melatonin review date set

The date for the judicial review on the legal status of melatonin has been set for October 21 (*C&D* February 1, p5). Pharma Nord is seeking the review after the Medicines Control Agency classified it as POM in 1995.

Fraud report soon?

The report of a Government Efficiency Scrutiny into NHS prescription fraud will be submitted to Frank Dobson, the new health secretary, before the end of the month, the *Daily Telegraph* said on Tuesday.

NI stats

There were 1,688,149 prescriptions on 1,023,406 forms dispensed in Northern Ireland in February. The ingredient cost was £15.39 million (£14.41m net). Gross cost was £17.10m and net cost £16.61m. Prescription charges raised £490,300. The ingredient cost per prescription before discount was £9.1157 or £8.5347 net.

PAGB OTC guide

The Proprietary Association of Great Britain has published its '1997/98 OTC Directory - Treatments for Common Ailments'. It lists an estimated 95 per cent of the branded OTC market. Copies are being distributed to community pharmacies, GPs, schools of pharmacy and practice nurses.

Dianette factor in accidental death

A coroner has recorded a verdict of accidental death in a 17-year-old girl who died after taking Dianette.

Although it was accepted that a blood clot had caused the death, there was concern over the treatment the girl, from Great Yarmouth, had received in hospi-

tal. It was reported that she had collapsed once five days before being admitted to hospital, where she collapsed again and died.

The girl's mother has said that the girl would probably be alive if the side-effects of the drug had been better explained.

A spokeswoman for Dianette manufacturer Schering Health says that the company was very sorry to hear about the case. But she adds that a booklet is provided with the tablets that is written in very clear and very plain English, describing the warning signs.

Ireland to restrict paracetamol sales

Pharmacy packs of paracetamol are to be restricted to a maximum of 24 x 500mg, or equivalent, in Ireland from September. Sales from non-pharmacy outlets will be seen as emergency supplies only.

Pharmacists will be able to sell a maximum of 50 tablets at one time. Any larger amount will require a prescription. Paediatric and junior formulations will be limited to 140ml bottle sizes.

The move was announced by the Irish Medicines Board last month, following advice from the National Drugs Advisory Board. Besides limiting pack size, warnings to seek medical advice in the event of overdose, 'even if you feel well', will have to be included.

A further warning on the pack leaflet should state: 'Immediate medical advice should be sought in the event of overdosage,

because of the risk of irreversible liver damage.'

Emergency sales in non-pharmacy outlets will be restricted to paracetamol in single ingredient preparations only. These will be further restricted to a total of 12 x 500mg tablets, or the equivalent, packaged in single unit dose packs for adult use and 60ml (120mg/5ml) for liquid paediatric formulations. Only one pack should be supplied on each occa-

sion of purchase and no multiple ingredient products will be available outside pharmacies.

In the UK, there have been no developments on the Medicines Control Agency's proposals to change the availability of liquid paracetamol preparations under the General Sales List Order. This was in part due to the change in the Government, said an MCA spokeswoman on Wednesday.

Under-threes at most risk from accidental ingestion

Under-threes are those most at risk from accidental ingestion of harmful substances in the home, according to Child-Safe Packaging Group research.

The risk of accidental harmful ingestion decreases after this. "After 36 months, children quickly learn to identify and avoid harmful substances," says Merseyside paediatrician Dr James Robertson.

In the study carried out by staff from the Arrowe Park Hospital casualty department in Merseyside, under-threes accounted for three out of four of the accidental ingestions reported.

Blister packs are a hazard to youngsters, believes the CSPG. They are not tested for child resistance, unlike reclosable containers which are examined by panels of children aged 42 to 51 months.

"It is up to the manufacturer to decide whether packaging is appropriate for the product," says an ABPI spokesman.

Calls to abolish community pharmacy

The abolition of community pharmacy services could make available to the average five-doctor practice around \$150,000 a year to develop an in-house dispensing initiative, according to Exeter GP David Kernick, writing in the *British Medical Journal*.

Dr Kernick suggests an analysis of several health professional groups may "show an inertia to change which does not benefit society, and a function based on historical precedent rather than the requirements of the NHS".

● Professor David Taylor takes issue with the inconsistencies in the European system, which encourage the parallel trade in drugs in the same issue of the *BMJ*. The European Court's Primecrown judgement last year, he describes as "impractical and ethically offensive".

Controversy lingers over election

Rumours continue to circulate that Boots the Chemists is still canvassing for an employee, Ted Smith, who is standing for the Royal Pharmaceutical Society Council. However, the company says it is just encouraging its pharmacist employees to actually vote.

A district manager in Kent, in an internal circular, has privately encouraged his pharmacist staff

to vote for Mr Smith.

Controversy over Mr Smith's candidacy arose when the Boots Pharmacists' Association endorsed him in its April newsletter (*C&D* May 3, p5). Mr Smith has indicated that the BPA support was unsolicited.

Concern has been expressed that Boots might have used its internal e-mail system to canvass for Mr Smith. A message

appeared on the dispensary system last week, saying, "RPSGB Council election - use your vote".

Asked if Boots was using of its internal electronic messaging systems to endorse any candidate, Boots' spokesman Tim Legge replied: "No. We are just encouraging people to vote. It is not for us to advise people how to vote."

Inappropriate treatment affects the elderly

Older people (over 65 years) make up 18 per cent of the population, but receive 45 per cent of all prescription items, 78 per cent of which are repeats.

Potentially they are the greatest beneficiaries of appropriate and optimal drug treatment. However, they also suffer much drug-related iatrogenic disease caused by inappropriate treatment, according to a report from

the Royal College of Physicians, 'Medication for Older People'.

Incorrect medication, polypharmacy and inadequate monitoring of therapy are identified as prevalent problems.

In its recommendations, the report says the Department of Health should assess the impact of increasing OTC drug usage on possible delays in diagnosis, and the incidence of adverse reactions.

The RCP also calls for the community pharmacists' role in advising on minor illness, monitoring drug therapy and reviewing repeats to be evaluated.

Of those patients over 65 receiving repeat medication, 51 per cent were prescribed four or more concurrent repeats. Despite rising awareness of the problems associated with sedatives, their use remains widespread.

Pharmacist's fury at needless needles fiasco

Pharmacist Catherine Boury, of Newland Community Pharmacy, Hull, is calling for a proper needle exchange scheme to be set up in the city, following an upsetting incident involving children.

A group of ten-year-olds came into her pharmacy to report finding some syringes in a nearby nursery. Mrs Boury rang the police, who passed her onto the city council. However, the council refused to do anything about the problem, because the needles were on private property.

"After work, I went and collected the needles in a sharps box. I was angry with the police and doubly angry with Kingston-upon-Hull's city council," she says.

A council spokesman says: "The council has no responsibility for the collection of syringes on private property."

Should a needle be found after hours, a responsible person should put it in a bottle and leave it for collection the following day. Needles found on school grounds will be collected immediately."

A spokeswoman for Hull police says: "Members of the public will normally be told to contact the local authority to arrange collection. Officers will only attend if there is no competent adult to supervise the syringes, pending the arrival of the local authority."

There are two separate needle and syringe exchange schemes in the Hull area: one is pharmacy-based and the other centre-based. The former scheme has three pharmacy contracts in the

north, east and centre of the city.

East Riding pharmaceutical adviser Paul Ablett believes that the site in central Hull has been overstretched. "The newest site, in East Hull, is six months old, and was set up in response to high local patient demand," he says. Mr Ablett hopes the new facility will relieve pressure on the central site.

Mrs Boury has contacted the local press, the *Hull Daily Mail*, and written to her local Labour MP, Kevin McNamara, who has not yet replied.

She was impressed with the children's responsible attitude, but would have liked to have seen the problem handled differently. "The police should have taken more notice of the youngsters," she believes.

PHARMACIST PEN PORTRAIT

Robert Kwan



● **Qualified** Robert enrolled at the School of Pharmacy in London, graduating in 1975. He did his pre-reg with an independent, the 180 Pharmacy in London.

● **Career** After qualifying, he managed Kingswood Pharmacy in Stoke Newington, London, for two years, followed by a year of locum work. He took over John Roberts Pharmacy, near Tower Bridge, in 1979 and stayed until 1992. The outlet, in the heart of London, was busy and employed eight assistants. He fancied a change and joined Unicare in Harlow, Essex, as pharmacy manager in 1993. He is in charge of the pharmacy department, which employs five pharmacists part-time. It dispenses renal dialysis fluids and haemodialysis equipment to 4,000 home kidney failure patients, and most hospital renal units in England and Wales.

● **Committees** Robert is the president of the London Chinatown Lions Club, and was honourable secretary from 1992-95.

● **Interests** He spends most of his spare time organising Lions' activities and fund-raising to finance them. National and international Lions' activities include the treatment of eye diseases and preventable blindness, and the Wishing Well Project to provide clean water to people in Africa and India. The Chinatown Lions uses a mobile caravan to carry out diabetes screening of the public. It helps Age Concern in Westminster, and supports the Prince's Youth Business Trust by hosting youth worker seminars and assisting grant distribution to young Chinese entrepreneurs. The club is also helping Project Hope, a scheme to educate poor Chinese pupils.

● **Outlook on life** "I would like to help people, particularly the young, to have a better future."

● **Pharmacy philosophy** "Community pharmacy has a great part to play in the primary healthcare team, both in terms of health education and treatment of diseases. Pharmacists should be taking a more active role in these areas. And Pharmacy in a New Age is the ideal vehicle."



Professional versus commercial

With only two weeks to go until the Royal Pharmaceutical Society's Council election deadline, it is significant that the two questions asked of candidates by *C&D* related to 'Pharmacy in a New Age' and 'Health Plus'.

However, whereas the development of pharmacy from 'New Age' initiatives will remain the province of the profession and evolutionary in concept, those from 'Health Plus' will be principally driven by commercial expediency and could be revolutionary in their effect.

That the vast majority of the candidates express disquiet over the impact of 'Health Plus' is self-evident from the answers, but in Andrew Burr's letter of May 3 he dismisses my concerns as being misplaced.

If my concerns are misplaced, then so, I assume, are those of most of the Council candidates, because a vote of ten against two in favour and three abstentions is hardly an endorsement of the presently-perceived benefits of 'Health Plus'.

I look forward to the time when information technology allows the electronic integration of the professions of pharmacy and medicine, because I believe this will maximise benefit to the patient. I also believe that this technology should be competitively marketed, and would expect Practice Resource Systems to be at the forefront of that competition.

Topical Reflections

But it is vital that, before any system is introduced, a universally-agreed protocol is established, which protects the interests of both the patient and the pharmaceutical service.

If Mr Burr cannot see that the commercial implications of 'Health Plus' as they are presently being promoted are potentially divisive, then may I tactfully suggest that it is his equanimity that is misplaced.

A 'hidden agenda' I can support

I do not know whether I have recently been lax in my reading of the pharmaceutical press, but when the RPSGB's first national confidential audit landed on my desk it was like a bolt from the blue.

However, no matter that it was a surprise, I was impressed by the comprehensive nature of the audit and will be pleased to participate and will encourage my staff to do likewise.

I am sure the audit results will provide vital feedback information and also excellent public relations material for the Society, although after reading the questionnaire I will be surprised if a five-second completion rate will be immediately achieved.

I expect that the first few occasions will actually require a lot more time, but this should provide a hidden advantage because as the audit questions are formulated they will act as an excellent educational tool to reinforce staff training and protocol procedures.

I do not know whether there is a continuing education

'hidden agenda' within this first centrally-initiated audit, but if not, it is a coincidence with which I am all in favour and it should be actively pursued in the future.

Funds for continuing education are presently available from central Government, but are principally funnelled through the College of Postgraduate Pharmaceutical Education. If nationally-organised audits can be demonstrated as providing effective continuing education on the shop floor, as well as identifying areas for improved patient care, then perhaps some of those resources should be diverted to developing this innovative approach.

Threatened by the unexpected

I have always expected that I would one day be faced with a violent response from a dissenting 'hard' drug addict client, but I was not prepared for threatened violence when I recently attempted to counsel a gentleman who was regularly purchasing packs of 4mg nicotine gum.

He readily admitted that he was as addicted to nicotine gum as any other addict and if I would not supply, he would respond in the appropriate manner!

I admit to selling the gum as the safest way out. However, while I wouldn't hesitate in involving the police in any problems over 'hard' drugs, I feel reticent about a situation where the alternative of returning to the more dangerous, but legal, practice of smoking would be the inevitable result.

SCRIPTspecials

New strength and presentation for Lipostat range

Bristol-Myers Squibb has updated Lipostat (pravastatin), adding a new strength and bringing a new presentation to the range.

In addition to the existing 10mg and 20mg strengths, Lipostat is now available in 40mg tablets for convenient once-nightly dosing.



The new strength follows recent studies showing significant reductions in cardiovascular events with a 40mg dose of pravastatin.

To improve compliance further all tablets are now smaller in size and capsule-shaped to ease swallowing. They also have a new yellow colour.

Lipostat comes in packs of 28 tablets at a basic NHS price of \$16.18 for the 10mg strength, \$31.09 for 20mg and \$46.48 for 40mg.

Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 0181 572 7422.

Beef over Hypurin

Pharmacists are being reminded that any remaining stocks of Hypurin insulins (isophane, lente, neutral or protamine zinc) in vials labelled without the suffix 'porcine' or 'bovine' should only be dispensed against prescriptions for bovine insulin.

CP Pharmaceuticals has recently expanded its range of insulins (C&D April 12), but has received reports that some pharmacists are incorrectly dispensing old stock against scripts for Hypurin porcine.

Pens for the new cartridge presentations of porcine and bovine insulins are available free of charge – contact Kerry Maddock on 01978 666162.

CP Pharmaceuticals. Tel: 01978 661261.

Persantin modified release to prevent secondary stroke

A modified release formulation of Persantin (dipyridamole 200mg) has been introduced by Boehringer Ingelheim.

Persantin Retard 200 is licensed for the secondary prevention of ischaemic stroke and transient ischaemic attacks, either alone or in conjunction with aspirin, and as an adjunct to oral anticoagulation for the prophylaxis of thrombo-embolism associated with prosthetic heart valves.

The recommended dose is one capsule twice a day, which should be swallowed, not chewed. The product is not recommended for children.

The second European Stroke Prevention Study showed the

benefits of using dipyridamole in combination with aspirin in reducing second strokes following an initial attack.

The relative risk reductions compared to placebo were 18 per cent for aspirin, 16 per cent for Persantin Retard and 37 per cent for the combination.

Peak plasma concentrations are reached two to three hours after administration, and steady state conditions within three days. Persantin Retard is available in packs of 60 (\$9.75). Any capsules remaining six weeks after opening the pack should be discarded.

Boehringer Ingelheim Ltd. Tel: 01344 424600.

MEDICAL MATTERS

Physical exercise found to reduce risk of breast cancer

Physical activity markedly reduces the risk of breast cancer, according to a Norwegian study in *The New England Journal of Medicine*.

A total of 25,600 women aged 20-54 were enrolled in health surveys in 1974-1978 and 1977-83, and given lifestyle activity questionnaires to complete. During a median follow-up of 13.7 years, 351 women had developed invasive breast cancer.

The risk of breast cancer fell by 37 per cent in those who did more than four hours of exercise

a week, after adjustments for age, body mass index and height. The reduction was greater in premenopausal and young women. Higher activity levels at work also reduced risk. Exercise may work by reducing body fat, maintaining normal variations in hormone release, decreasing endogenous oestrogen levels, or by reducing insulin resistance.

The authors conclude that physical activity may protect against breast cancer, particularly among premenopausal and younger postmenopausal women.

Controlled release budesonide in Crohn's

Oral controlled release budesonide can induce remission in patients with mild or moderate Crohn's disease confined to the ileum and ascending colon.

The *Drug & Therapeutics Bulletin* states that budesonide-CR acts as quickly as prednisolone, but the effect may be marginally less with comparative doses. Budesonide is a glucocorticoid with high local activity, but much lower systemic availability than prednisolone.

A double blind study of 176 patients compared budesonide-CR (9mg daily for eight weeks, then 6mg for two weeks) and prednisolone (40mg daily for two

weeks, then reducing by 5mg in weekly steps).

By ten weeks, prednisolone had reduced the Crohn's disease activity index (CDAI) by 51 per cent, while budesonide-CR had reduced it 36 per cent. Most of the reduction occurred in the first two weeks for both of the treatments.

Maintenance therapy with budesonide-CR in quiescent Crohn's disease (an unlicensed use) delays relapse, but, like other treatments, does not achieve long-term remission. Budesonide-CR treatment is much more costly than prednisolone (eight weeks' treatment: \$150 versus \$4).

Instant Carobel shortage

Cow & Gate's feed thickener, Instant Carobel, is being reformulated, with new stocks available at the end of the year. Meanwhile, high demand has meant that existing stock will shortly be exhausted. The company is recommending users to switch to Nestle's Nestragel, but to bear in mind that it is not an instant thickener – it has to be heated first.

Cow & Gate Nutricia Ltd. Tel: 01225 768381.

Havrix Monodose shelf life

SB is advising that certain batches of Havrix Monodose x one pack have been overstickered on the outer carton and inner tray with an expiry date of March, 1998, while the prefilled syringe carries an expiry date of March, 1997. The affected batches are VHA 455A6, VHA 455B6, VHA 456A6 and VHA 457A6. These have had their shelf life extended to March, 1998, in line with the recently-approved three-year shelf life. Stock issued since the end of April has consistent expiry dates. Pharmacists with queries can call 0181 913 4290.

Thyroxine from CP

Generic thyroxine tablets 25mcg are now available from CP (500 tablets, NHS price £8.22).

CP Pharmaceuticals. Tel: 01978 661261.

New flavours for Fortijuice

Four new flavours have been added to the Fortijuice range of nutritional supplements.

Pineapple, blackcurrant, apricot, and dandelion and burdock cost £1.50 per 200ml unit (NHS price). **Nutricia. Tel: 01225 768381.**

Beconase rebottled

The POM packs of Beconase aqueous nasal spray are to be of white plastic to bring them in line with the OTC brand.

Glaxo Wellcome. Tel: 0181 990 9000.

In the bag

Ciproxin will be available in ready to use intravenous infusion pouches from May 19. Ciproxin will be in Flexibags (400mg/200ml and 200mg/100ml suspensions in 5 per cent dextrose). The bags can be stored for up to two years at room temperature (10 x 200mg infusion, £208.50; 10 x 400mg, £304.50 – basic NHS).

Bayer plc. Tel: 01635 563518.

This woman has chronic hand eczema. But now she needn't use soap.



Soaps can play havoc with dry skin. That's why an emollient soap-substitute like non-drying E45 Wash, is so important.

E45 is especially suitable for chronic hand eczema.¹ In fact, E45 Wash does not cause an increase in hand dryness or skin surface pH.^{2,3} And, patients preferred it over emulsifying ointment.⁴ What's more, E45 Wash is now available in a new 250ml size - ideal for recommendation.

That's why she uses E45 Wash.



The non-drying soap substitute

Describing Information

E45 Emollient Wash cream
Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA
Legal category: ACBS.
Date of preparation: February 1997.

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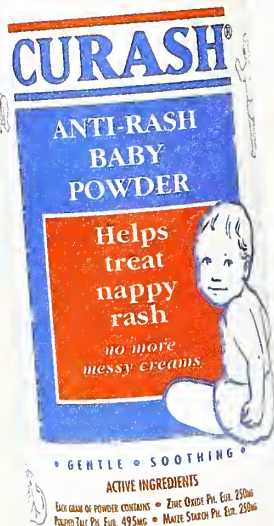
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DERMATOLOGICAL
E45 Complete
Emollient Therapy

COUNTERpoints

Going down under for nappy rash cure



Carter-Wallace has launched the Australian Curash nappy rash treatment into the UK.

It is a medicated powder, formulated to cure and prevent nappy rash.

The product is designed to create a breathable barrier for babies' skin, giving protection from wetness, soothing irritation and absorbing excess moisture. The product should have a positive effect within 24 hours.

If the rash does not clear within three days, which implies a non-responding secondary infection, a health professional should be consulted.

The launch will be supported in pharmacies with free trial sachets and patient literature. Eye-catching point of sale material is available.

Midwives and health visitors will receive a full-size product and trial sachets to give to mums.

The product retails at £2.79 for 100g container. It has a GSL product licence.

Carter-Wallace Ltd.
Tel: 01303 850661.

Imodium's message of confidence

Johnson & Johnson is backing Imodium with a \$3 million advertising and promotional package.

A new series of television commercials is being screened for the next five weeks. The campaign is designed to communicate the benefit of treating diarrhoea so that normal life can continue.

Using the sort of situations where confidence in the product is vital, the first two TV commercials feature a palace guard and a crane driver.

Supporting point of sale material is available for pharmacists.

Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450778.

Balancing act for Seven Seas' natural biochemic remedy range

Seven Seas is currently test marketing a natural biochemic remedy range in 500 Boots' stores. The company plans to introduce the range into national distribution in June.

Seven Seas Natural Balance is a five-product line-up. It includes remedies for stress-related headaches, stress-related indigestion, nervous exhaustion, hayfever and allergic rhinitis. It also has products for treating skin conditions and falling hair.

All the products in the range retail at £3.49 (120 tablets).

The Boots launch is being supported by advertising on the London Underground.

Seven Seas Healthcare Ltd.
Tel: 01482 375234.

Macleans presents its new image

Smithkline Beecham has introduced a new look for its Macleans Whitening and Macleans Bicarbonate of Soda toothpastes.

Macleans Whitening is now presented in a silver pack to communicate its premium positioning. Bicarbonate of Soda is

packaged in white.

Macleans Sensitive will be repackaged in June.

The company plans to invest \$6.5 million in continued 'umbrella' advertising for the brand this year.

Smithkline Beecham Consumer Healthcare.
Tel: 0181 560 5151.



Natural way to soothe symptoms

Forehead-C is a new natural product to help treat fever, especially in babies and youngsters.

It is designed to cool the temperature by up to 4°C when the adhesive strip is applied to the forehead.

The active ingredient is a super-hydrated aloe

vera gel, which absorbs heat and helps disperse inflammation. All the ingredients are natural and the product is suitable for delicate skins.

Retail price is \$2.49 for a pack of three sheets.

Lina Trading Ltd.
Tel: 0171 629 4144.

SMA milks: now selling by numbers

SMA Nutrition has introduced a new look for SMA Gold, SMA White, Progress and Wysoy.

New packaging features an easy to use numbering system to help parents select the appropriate products in the range.

The packs include the telephone number of Careline, a helpline

designed to meet the needs of new and prospective parents. For handy reference, the number appears on a free fridge magnet.

For retailers there is a change to bulk pack sizes: 450g tins are now packed in cases of 12 units and 900g tins are in sixes.

SMA Nutrition.
Tel: 01628 660633.



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able Effects Nausea, dizziness,
nence, warm sensation, asthenia
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son have been reported; heaviness,
ts or pressure may occur in the
neck, limbs and chest (no evidence
haemic ECG changes), as may
a muscle weakness, paraesthesia,
nesia.

Category POM.

oat Licence Number 12619/0116.

s NHS Cost 3 tablet pack (2.5mg)

2.56 tablet pack (2.5mg) with
ill 24.00.

og' is a trademark of the
er a group of companies.

rt information is available from:

EN A Pharma, King's Court, Water
ne, Wilmslow, Cheshire SK9 5AZ.

17 D/K Issued March 1997

NECA

THE NEW FACE OF



'Zomig' is a new way of thinking

offering rapid migraine relief and

consistent efficacy, time after

time after time...

Zomig[®]

IT'S A NEW TIME

Head start for the summer

Pro Tec Sun is a new three-phase hair care system from Brodie & Stone.

It has been developed to protect and treat sun-stressed hair and to restore shine, body and manageability.

Sun Protector (\$5.99, 150ml spray) forms a protective barrier against scorching or colour fading as a result of sun, salt and



chlorine. It provides UVA and UVB protection and is enriched with glycerin and panthenol to improve condition.

The range also includes After Sun Shampoo and After Sun Conditioner. Both products retail at \$3.99 (250ml bottle).

Brodie & Stone plc.
Tel: 0171 278 9597.

Benetton hots up fragrance market

Benetton Fragrances is relaunching into the UK, with its Hot and Cold fragrances.

Created to reflect the mood of the wearer, both fragrances have a fresh, youthful image. Hot represents calmness, while Cold reflects vitality and energy.

Both fragrances come

in a range of five products: eau de toilette (50ml and 100ml), shower gel, body lotion and deodorant. Retail prices range from \$7.50 to \$19.95.

Simple red and blue packaging features striking dispenser 'taps'.

Designer Distribution Ltd.
Tel: 01494 712505.



Seeing through L'Oréal styling aids

L'Oréal has introduced three FX Invisi hair styling products into its Studio Line range.

New additions are FX Invisi gel, FX Invisi liquid gel and FX Invisi mousse.

The products are designed to provide invisible hold with body and volume, but without the stickiness.

The formulations

contain multivitamins for strength and shine, plus UV filters to protect against sun damage.

Complementing the 'invisible' properties of the range, packaging combines frosted clear acrylic and matt silver.

All three products retail at \$2.69.

L'Oréal.
Tel: 0171 937 5454.

Summer launch for Coty's Chanson d'Eau body spritzer

Coty's Chanson d'Eau fragrance will be on-counter from July in the UK.

It is already a top-selling fragrance in Spain, where it was launched in 1994.

A light, citrus floral fragrance, it is designed to be sprayed on liberally throughout the day as a body spritzer.

Reflecting this usage, it

comes in larger-sized bottles which offer value for money. The range includes eau de toilette spray (\$5.99, 50ml; \$7.99, 100ml) and deodorant body spray (\$2.99, 75ml). The white outer packaging features a vivid green leaf design.

The launch will be supported by a \$1 million campaign, running from July to December, which

includes national women's press advertising, complemented by five million scent strips.

A package of point of sale materials includes a range merchandiser and testers, a large window showcard with display tissue and a giant-sized carton.

Coty UK Ltd.
Tel: 01734 302302.

Cover up with care out in the sun

Johnson & Johnson is launching a new sun education programme to

support its Johnson's Suncare range.

Called 'Cover and Care', it has been designed to help people understand what happens to their skin in the sun and how they can protect their families.

The initiative recommends following two simple rules: cover up in the sun and care for the health of your skin.

The campaign advises that sun protection lotion should be applied at least 30 minutes before exposure. It also suggests extra protection should be given to sensitive areas, such as ears, face, lips, shoulders and the top of the feet.

The educational literature includes posters, leaflets and elasticised, removable bottle tags.

Johnson & Johnson Ltd.
Tel: 01628 822222.



New formula launched for Vaseline Intensive Care

Elida Fabergé has relaunched its Vaseline Intensive Care skin care range.

A new formula for the Dry Skin Lotion includes natural moisturising factors and vitamin A. In the familiar pack, it is suitable for everyday dry skin on both hands and body.

The Hand & Nail solution (pink pack) now contains pro-vitamin B5 and has been developed to strengthen nails by up to 35 per cent.

In a white pack, Vaseline Intensive Care Dermacare offers relief for problem dry skin.

According to the company, the new packaging harmonises the range and yet clearly defines each variant's identity.

The relaunch is supported by a \$2.5

million consumer advertising campaign fronted by the British

actress Amanda Pays
Elida Fabergé.
Tel: 0181 481 6000.





No1 for hayfever eyes



Opticrom Allergy Eye Drops are your pharmacy brand leader with over 71% of the sodium cromoglycate hayfever eye treatment market. In fact, Opticrom has led the way since launch, echoing the success of the original Rx brand.

This season Opticrom means even more business, with a massive campaign featuring radio and national press advertising, plus eye-catching point-of-sale support to help keep sales on top.

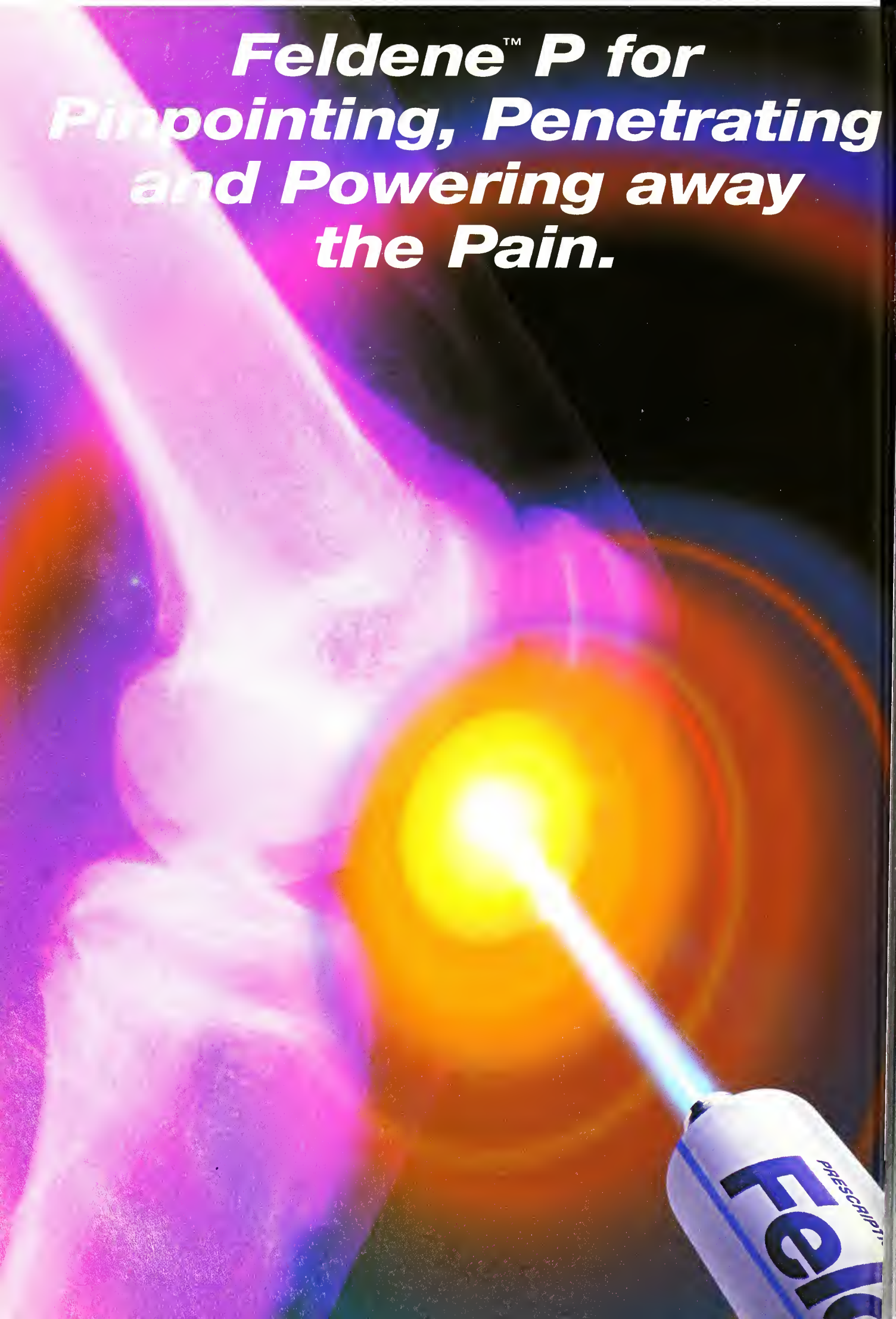
For orders and point-of-sale materials call 0990 133347, or contact your Fisons representative. When you stock and recommend Opticrom Allergy Eye Drops, you're opening your eyes to success.

Opticrom®
ALLERGY EYE DROPS

Soothing relief for itchy hayfever eyes

Product Information: Opticrom Allergy Eye Drops: Solution containing sodium cromoglycate 2.0% w/v with benzalkonium chloride, disodium edetate and purified water. **Use:** For the treatment of itchy, watery or inflamed eyes caused by seasonal allergic conjunctivitis. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions:** Do not use if wearing soft contact lenses. Caution should be exercised during the first trimester of pregnancy. Discard any remaining contents four weeks after opening the bottle. **Warnings:** If patients suffer from allergic eyes for more than 3 months of the year, they should see a doctor or pharmacist. This product should not be used for more than 3 months without the advice of a doctor. **Dosage:** 1 or 2 drops into each eye 4 times daily. **Side effects:** Transient burning, stinging and discomfort. **Packaging quantities:** 5ml and 10ml bottles. **RSP:** £3.25 for 5ml, and £4.35 for 10ml. **Legal category:** P. **Product licence number:** 0113/0/61. **Licence holder:** Fisons plc, 200 Kings Hill Avenue, West Malling, Kent ME19 4AH. Opticrom is a registered trademark of Fisons plc. Date of preparation: March 1997.

***Feldene™ P for
Pinpointing, Penetrating
and Powering away
the Pain.***



Feldene Gel is now available OTC as prescription strength Feldene P Gel. Applied directly to joints, it penetrates *into* the joint without high plasma levels.¹ Nothing you can sell is more effective for the pain of mild arthritis.^{2,3}

Feldene P Gel provides lasting pain relief⁴ in mild arthritis and rheumatism as well as reducing the inflammation.

Of course, there was a time when the concept of a topical NSAID with this degree of efficacy would have met with a matching degree of scepticism.

However, Feldene P Gel is proven to penetrate to the deeper areas of muscle tissue, synovial membrane and synovial fluid in osteoarthritic joints.¹

Your customers will find this clear, odourless gel easy to apply and effective.

Feldene P for Profits.

We're putting a comprehensive support package behind the OTC launch, including a £1.5 million nationwide TV campaign this summer.

And to boost further trial, there'll be a 7.5g tube available at launch retailing at £1.15. See your Pfizer Consumer Healthcare Territory Manager or call 01304 615936 for further information.



Contains Piroxicam

References

- ¹ Percutaneous Pharmacokinetics of Piroxicam
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Browning RC, Johnson K, Adv Ther, 1994, 11: 198-207
- ⁴ Piroxicam 0.5% topical gel compared to placebo in the treatment of acute soft tissue injuries
Russell AL, Clin. Invest. Med., 1990 14: 1 pp 35-43

Feldene P Gel - Product Information:

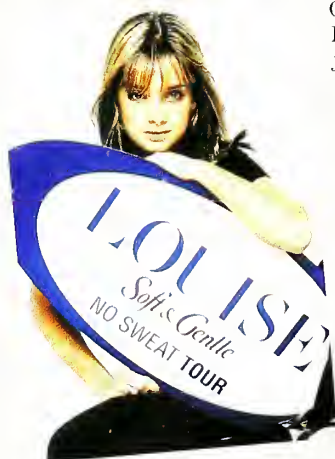
Presentation: Clear gel containing 5mg piroxicam in each gram. **Indications:** An external, topical, non-steroidal anti-inflammatory and analgesic for the relief of the pain of rheumatism and the pain of mild arthritic conditions, muscular aches, pains and swellings such as strains, sprains and sports injuries. **Dosage:** Adults and children aged 12 years and over: apply 1g of gel (about 3cm or 1 1/4" of gel) and rub into the affected site three or four times daily for up to 7 days, leaving no residual material on the skin. **Use in children:** not recommended for use in children under 12 years of age. **Use in the elderly:** no special precautions are required. **Contra-indications:** hypersensitivity to the gel or piroxicam. **Feldene P Gel** should not be given to people in whom aspirin or other NSAIDs induce the symptoms of asthma, nasal polyps, angioneurotic oedema or urticaria. **Warnings:** If local irritation develops discontinue use. Keep away from the eyes and mucosal surfaces. Do not apply to surfaces affected by open skin lesions, dermatoses or infection. Do not use **Feldene P Gel** with occlusive dressings. **Drug interactions:** none known. **Use in pregnancy and lactation:** not recommended. **Side effects:** **Feldene P Gel** is well tolerated. Mild to moderate irritation, erythema, pruritis and dermatitis may occur at the application site. In common with topical NSAIDs, systemic reactions occur infrequently, including nausea and dyspepsia; rare reports of abdominal pain and gastritis and isolated reports of bronchospasm and dyspnoea. **Pharmaceutical precautions:** store below 30°C. **Legal category:** **[P]** **Package quantity and cost price:** 30g tube £2.465 (MA 00057/0408). **Product Licence Holder:** Pfizer Consumer Healthcare, Wilsons Road, Alton, Hampshire GU34 2TJ. Telephone: 01304 615936. **Date of preparation:** January 1997.



Consumer Healthcare

Pfizer Consumer Healthcare Alton Hants GU34 2TJ

'No Sweat' for Soft & Gentle



Colgate-Palmolive has joined forces with pop artist Louise in order to gain publicity for its Soft & Gentle anti-perspirant deodorant.

The company is sponsoring the Louise Soft & Gentle 'No Sweat' tour,

which will take place next winter, as part of a \$3.5 million support package for the brand this year.

Extensive tour coverage in teen magazines will include sampling.

Soft & Gentle is also being supported by television advertising, national and regional press advertising and radio activity during the peak summer months. **Colgate-Palmolive Ltd.** Tel: 01483 302222.

Compeed hotline

Independent retailers interested in Coloplast's Compeed window display competition and POS (C&D May 3, p12) should telephone 0800 592938.

LCPs for infants

Boots has added a blend of LCPs (long chain polyunsaturated fatty acids) to its Infant Formula 1 and Formula 2 products.

AAH's promotion aids relief

AAH Pharmaceuticals Healthcare Centre features new display and continence product promotions, which will run until June 30.

New-look point of sale material for the range of mobility and disability aids includes items for both window and in-store displays.

Trade prices on the point of sale range have been reduced by up to 50

per cent. The window display kit, for example, is priced at \$7.50 instead of the usual \$15.90.

Promotional margins of up to 85 per cent are available through a 'buy four, get one free' offer running on Kylie incontinence pants – the equivalent of a 20 per cent discount.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.

Flash, bang, wallop – what a picture!

Numark has introduced two own-label single-use cameras to boost its photographic business.

'Snap, Bang, Wallop' comes in blue packaging with yellow trim and includes a 35mm, 24-exposure film (£4.99).

'Flash, Bang, Wallop' is

suitable for use indoors and in low light conditions. It comes in a smart black case with red trim and includes a built-in flash (£6.99).

Both cameras carry Numark 400-speed film. **Numark Ltd.** Tel: 01827 69269.

Listerine doesn't believe in fairies

The days of the tooth fairy are over, according to a new \$1.9 million TV campaign for Listerine antiseptic mouthwash.

On air from May 12, the commercial features the troubles of a tooth fairy frustrated by the power of Listerine.

The advertising

supports the brand's claim that, if used twice daily as part of an oral care routine, it will help to reduce plaque and avoid gum disease.

The campaign will run until October 5. **Warner-Lambert Consumer Healthcare.** Tel: 01703 641400.



HealthAid

Natural beauty from within








Available at all independent Chemists and Health food stores throughout the U.K.
For further information contact:
PHARMADASS LTD.
16 Aintree Road, Greenford, Middlesex UB6 7LA U.K.
Tel: 0181 991 0035 Fax: 0181 997 3490

ON TV NEXT WEEK

Aquafresh Whitening: U

Bazuka: G, B, Y, TT

Colgate Sensation range: All areas

Daktarin: GTV, STV, B, G, Y, C, TT, C4, Satellite

Garnier Nutralia shower gel: All areas

Head & Shoulders: All areas

Hedex: U

Ibuleve: S, HTV, M, A, W, U, G

Imodium: All areas

L'Oréal Elvive Revitalising shampoo: All areas

Otex: S, HTV, M, A, W, U, G

Pantene: All areas except GMTV

Pepcid AC: TT

Predictor home pregnancy test: C4, C5, Satellite

Regaine: G, C, A, M, LWT, C4

Toepedo: C

Wash & Go: All areas

Wella Experience: C4

Wella Viva Colour: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

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A SPECTACULAR WEEKEND AT THE ULTIMATE GRAND PRIX

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Packaging problems update

I am responding to the article published in *C&D* April 19 concerning the Producer Responsibility Obligations (Packaging Waste) Regulations 1997. There are three significant errors in the article.

Firstly, it states that there is an exemption in the Regulations for packaging which contains special waste, and that such packaging 'will not have to be included when a company calculates whether or not it has passed the 50 tonnes (threshold) handled each year'. This statement is not correct.

The Regulations apply to a 'producer', a term with a broad definition. For the purposes of the threshold limit on packaging handled, all packaging must be included, with the exception of exports, process waste and re-used (ie second-hand) packaging. The total amount of packaging handled should include special waste, along with wood and any other packaging, in addition to the named materials. If this totals more than 50 tonnes, then, taking into account the other criteria above, a business is subject to the Regulations.

The confusion arises because there are actually three obligations placed on a producer. These are:

- to register with the Environment Agency or Scottish Environment Protection Agency
- to take reasonable steps to recover and recycle calculated amounts of packaging waste
- to provide the appropriate agency with a 'certificate of compliance'.

A producer which generates special waste is only exempt from the obligation to recover and recycle such waste, but not from the obligation to register or to provide a

certificate of compliance for non-special waste.

Secondly, the article states that 'even if a company falls below the threshold level, it will still have to keep records for four years of the tonnage of 'special' waste handled ...'

A business which handles special waste is referred to as a 'special producer', a sub-category of a 'producer'. Any business which is exempt from the Regulations on the grounds that it is not a producer cannot be a special producer. It logically follows that if a company is below the threshold levels, it is exempt from the Regulations and has no legal obligation to keep records or to supply information to the agency.

Thirdly, in relation to special waste, the article states that 'pharmaceutical companies will have no recovery or recycling obligations for items such as dispensing bottles or containers for OTC medicines'.

There is a fundamental mistake in this claim, because, under the Special Waste Regulations 1996, only POMs are automatically classified as special waste. Any business which follows this advice could seriously underestimate its recovery and recycling obligation.

John Kerr
Managing director, Acquisition & Environmental, Didcot

Disappointing TV coverage

I am writing to voice my disappointment at the treatment of pharmacists by the media. Last week, on television, I saw a pharmacist throw a packet of Triludan in a bin to please the reporter.

It would have been better to ask the pharmacist to give his professional advice. The public would be more impressed and their faith in pharmacists would be improved.

Since medicines are advertised, I think it would be better to advertise the pharmacist for his role in helping to warn patients of side-effects, as well as the effectiveness of medicines.

A El-Dabbagh
Hornchurch

Leaders of their generation

I wish to thank all those who supported the YPG Midlands Regional Conference and the hustings on April 20, and especially the candidates who attended. It is reassuring that prospective Royal Pharmaceutical Society Council members want to come and show they do care. I am sure the younger delegates learnt a lot – they could be the leaders of their generation. Nine of the 15 candidates standing this year are already YPG members.

The YPG will continue to hold a hustings until such time as the Society takes the responsibility, and we hope for everyone's continuing support.

Wendy Harris
Vice chairwoman, Young Pharmacists' Group

Marketing skills slipping?

What has happened to the marketing skills so ably used by Unipath last year?

Last week, I received notice of the company's latest incentive scheme, which invited me to receive Marks & Spencer vouchers. What has happened to Unipath's cosy arrangement with Boots?

Surely the offer to independent pharmacies of the chance to receive Boots' vouchers would have gone down like hot cakes? Come on, Unipath, you are slipping (but not onto my shelves).

R Jephson
Swindon

ADVANCED INFORMATION

The **Afro Beauty Exhibition '97** will be held on **May 25/26** at the Alexandra Palace, London N22. Contact Afro Hair & Beauty, Gateway House, Milverton Street, London SE11 4AP.

The **University of Bradford School of Pharmacy** will be holding a lecture on **May 28** at the Richmond Building of the University. Contact Professor P York, tel: 01274 384738.

UKCPA is organising a Critical Care Practice Interest Group study day on **May 29** at the Quality Cobden Hotel, Birmingham. Contact P Kennedy at UKCPA, tel: 0116 277 6999.

The **Drug and Therapeutics Bulletin Seminar** on 'The Challenge of Industry Sponsorship in the NHS' will be held on **June 11** at the Medical Society of London. A programme and registration form is available by calling 0171 830 7571.

NAHAT's health fair and conference is on **June 24/26** at the Brighton Centre. The secretary of state for health will speak on June 24 and other well known personalities attending include Anita Roddick, Howard Davies, John Humphrys and Lord Winston. Details from Geraldine Bowling, tel: 0121 471 444.

The **College of Pharmacy Practice** is holding a study day 'Excellence in continuing professional development' on **June 1** at University of Warwick Science Park, Coventry. Tel: 01203 694200.

The **IT Stimulator Roadshow** will be presented by Bryan Hartley, chief pharmacist, Department of Health, on **June 4** at the Chiltern Region, RPSGB, Annual Conference at Stoke Mandeville Hospital NHS Trust, Aylesbury. Tel: 01494 67945 (evenings only). The **London Chemists' Golfing Society** is holding its Presidents Day tournament on **July 10** at Hadley Wood.

ABRIDGED PRODUCT INFORMATION

Presentation:

Canesten Hydrocortisone cream containing 1% clotrimazole and 1% hydrocortisone.

Uses:

Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief.

Dosage and Administration:

Apply thinly and evenly to affected area twice daily and rub gently.

Contra-indications:

Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days; hypersensitivity to ingredients. Do not use in the following unless prescribed by doctor; children under 10 years; pregnancy and lactation; no ano-genital area; to treat ringworm or secondarily infected skin conditions.

Warnings:

Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing.

Side-effects:

Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions.

Legal Category:

Package Quantity and

Cost Price:

15g tube, £4.49

Product Licence Number:

PL 0010/0216.

Further Information

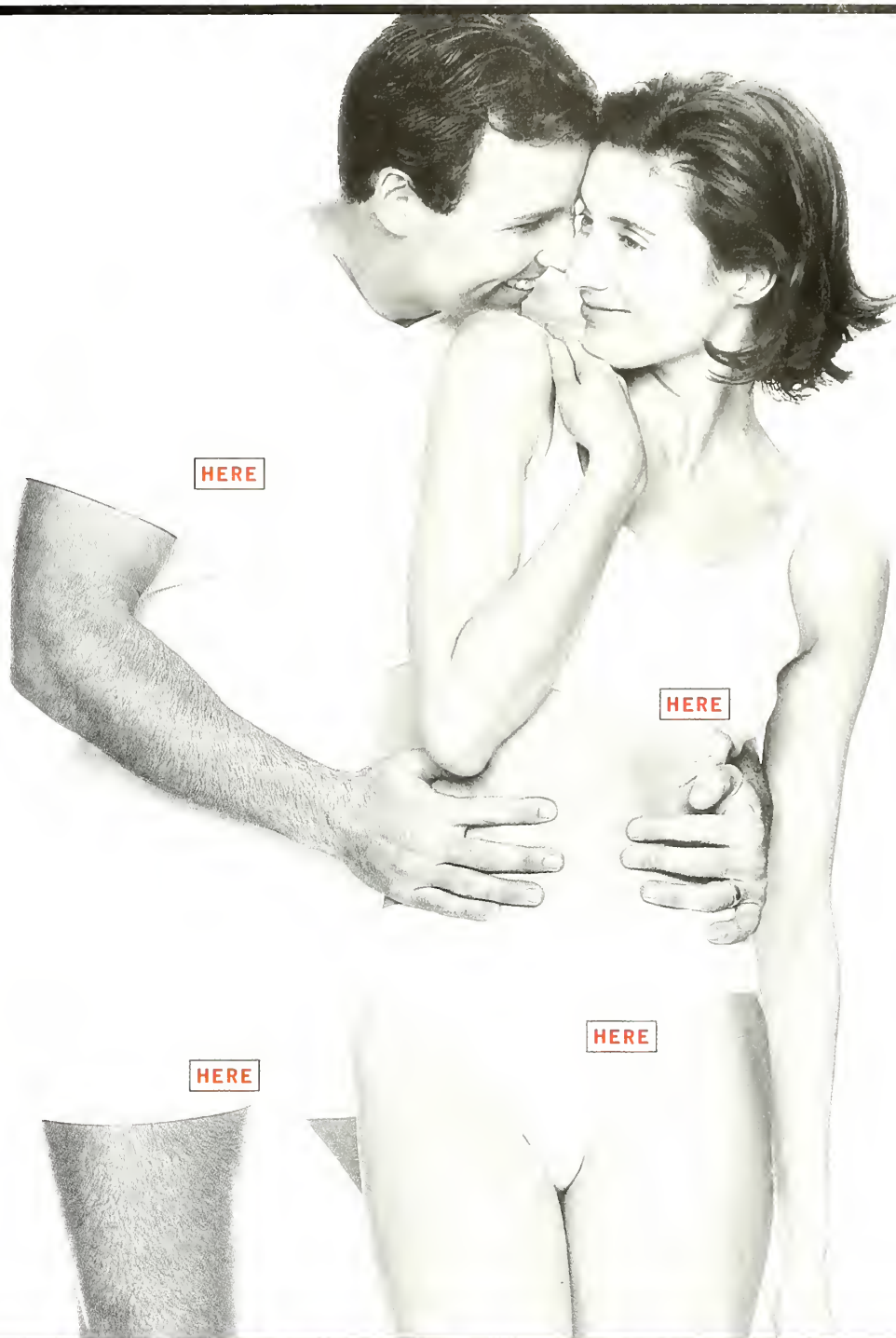
Available From:

Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA.

Bayer 

Canesten® Hydrocortisone

Date of Preparation: March 1997.



Even your **coolest** customers will itch for **Canesten Hydrocortisone**.

At last, there's an OTC combination of hydrocortisone and clotrimazole.

Canesten Hydrocortisone is unique. So, it'll effectively hit the spot for your many customers who suffer from candidal sweat rash.

We'll be offering a cool solution to their burning itch with an eye catching national advertising campaign,

POS and educational customer support leaflets.

Canesten is the most effective name in this sector. Don't miss this opportunity for a cool profit.

Canesten® Hydrocortisone

Clotrimazole BP 1.0% Hydrocortisone Ph.Eur. 1.0%

Cools and gets rid of candidal sweat rash



Order 28,000 specials with just one free call

It's not just the size of our inventory that makes BCM Specials unique – even if we do have the largest list of special formulations in the world. Nor is it simply the quality of our medicines, checked at every stage by our team of pharmacists, which differentiates us.

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A direct connection to quality specials

Putting the people part into practice

Julie Small manages the Lloyds Chemists branch in Alferton, Derbyshire. Last year, she was a winner in the Glaxo Wellcome/C&D Community Pharmacy Awards and won a place on a high-powered management course

I attended the 'Managing People' course held at the Management Centre Europe in Brussels during April, my cherished third-place reward from the 'Practice to People' awards.

My course companions came from varied backgrounds, and included the managing director of a major international bank and members of the Kuwait finance ministry. I was the only English participant. My colleagues came from France, Poland, Kuwait, Switzerland, Germany and Holland, although the English language was used throughout, much to my relief.

It is impossible to summarise the total course content, but I would like to highlight points which I feel could help any pharmacist who cares to step back and appraise their operation, and their staff's involvement in it.

Management styles

The Paradox of Age Each generation perceives itself as justifiably different from its predecessor,

but plans as though its successor will be the same as itself. This emphasises that management must constantly update to fit in with changing needs and attitudes.

Directive Management This style was effective in the 1920s as it achieved high productivity.

Participative Management This form of managing evolved in the 1960s in response to better education producing a more involved workforce.

Participative management continues today with increased integration management, a style which combines a 'task-orientated' approach with good working relationships. The greater the manager's people skills, the more involved the team will be, resulting in higher performance levels and increased profitability.

Interview techniques

Interview techniques are often thought of purely in the context of recruitment scenarios. They are equally important when carrying out staff appraisals, or any occasion meriting a personal consultation with a member of your staff.

Skills which require development to achieve a good technique include listening skills, noting visual/vocal behaviour reactions, and responding to key word repetition.

Motivation

Motivation factors are considered as 'extrinsic' and 'intrinsic'. Extrinsic motivation covers status, remuneration, working conditions, promotion opportunity,



praise and leisure. Intrinsic factors include self-respect, achievements, learning, team contribution and value input.

Some managers have the ability to motivate by their own natural enthusiasm for the job. Such enthusiasm spreads to those working alongside them, increasing their motivation and performance of the whole team.

Feedback

Feedback covers an area of people management which often presents problems. Receiving criticism from your colleagues or from your manager can be a stressful experience.

Some managers show little appreciation of tact and diplomacy, and give feedback which is both unprepared and too direct.

Constructive criticism is possible and can be delivered in such a way as to avoid making the recipient defensive. Focusing on behaviour, the feedback must not be merely critical, but should be delivered in a more neutral fashion, explaining why the behaviour was inappropriate.

Another consideration is training: is the lack of adequate initial training the root cause of the problem?

In conclusion

The world of pharmacy is constantly changing, and we are regularly made aware of movement of employee pharmacists from job to job.



Julie Small attended a 'Managing People' course in Brussels as her third prize in the 'Practice to People' awards

This poses some questions. Do we have a profession utilising only a portion of the available talent? Are some pharmacists not achieving their potential because they are under-motivated?

The involvement of my own pharmacy with our CHAT Centre project, and the subsequent increased interaction with other primary healthcare professionals, undoubtedly increased the motivation of both myself and the team.

I would encourage all community pharmacists to look at their operation and examine initiatives which will not only increase their own motivation and job satisfaction, but also the performance of their staff.

REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

Fill in your name (as you wish it to appear on the GCPM)

Forename

(all other initials as registered with the RPSGB or PSNI)

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Registration No: RPSGB

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Pharmacy address

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County

Postcode

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I enclose a cheque to Miller Freeman

GCPM part 1 £117.50 (inc VAT) (\$)

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GCPM parts 1&2 £352.50 (inc VAT) (\$)

Total (\$)

Send cheques and forms to Sue Chessman/ Jane Newman, Miller Freeman Pharmacy Group Special Projects, Sovereign Way, Tonbridge, Kent TN9 1RW (tel 01732 364422)

Addition of single module copies at £4.00 per module (plus VAT of £0.60) will be available only to Chemist & Druggist subscribers or registered Community Pharmacy readers from Miller Freeman (full set £30.00 plus VAT of £3.90)



All you and your business needs - The Certificate in Community Pharmacy Management...

...produced in association with The School of Pharmacy, The Queen's University of Belfast, from Chemist & Druggist and Community Pharmacy, supported by Smithkline Beecham Consumer Healthcare (Pharm Assist)

How to register

The ten modules for the first half of the course will come free to UK pharmacists through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details).

Pharmacists aiming to complete GCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or

half the 100 hours needed for the GCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to second 50-hour project stage must have registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUB. Pharmacists registering for both parts simultaneously can save £25.

THEY GAIN



“I’ve got my confidence back
since my pharmacist
advised me to try Regaine.”

Presentation: Clear, colourless to light yellow liquid for topical application, containing minoxidil 20mg/ml. **Uses:** Treatment of alopecia androgenetica, slowing of hair loss in patients with diagnosed male pattern baldness. **Dosage and administration:** Apply 1ml Regaine topical solution twice daily to the centre of affected area of the scalp. The total daily dose should not exceed 2ml. The method of application varies according to the disposable applicator used. In all cases the hair and scalp should be thoroughly dry, and the solution allowed to dry without the use of a hair dryer. Twice daily application for four months or more may be required

before evidence of hair growth stimulation can be expected. Onset and degree may be variable. Relapse to pre-treatment appearance following discontinuation of medication has been anecdotally reported to occur within 3-4 months. Patients should discontinue treatment if there is no improvement after one year. **Contra-indications:** Hypersensitivity to any of the components of the preparation. **Warnings:** Regaine is for external use only. Use only as directed. Do not apply to the areas of the body other than the scalp. Use of Regaine results in slight absorption (an average of 1.4% of the applied topical dose) of minoxidil from the skin

YOU GAIN



Hair loss affects 40% of the population. So recommend Regaine, the only product medically proven to restrict common hereditary hairloss.

In consumer surveys of over 7,000 men, 80% said they noticed the difference. And, after 12 months' continuous use, tests indicate 40% experienced regrowth.

With a seven year prescription heritage and a multi-million pound TV campaign many hairloss sufferers will be asking you for advice.

Regaine's use is continuous, so this is a valuable area of business growth exclusive to pharmacists.

Make sure you don't lose out. **Regaine®**
contains minoxidil



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THE PHARMACIA & UPJOHN TELESales TEAM ON 0800 801 454

the potential for systemic effects should be considered. The most frequently reported side effects have been minor dermatological reactions. **Precautions:** Patients with hypertension should be monitored closely when treated with Regaine. Regaine contains an anesthetic base which will cause burning and irritation to the eye. Safety and effectiveness of use in patients under 18 or over 65 has not been established. As for other preparations, concomitant damage of the skin may lead to increased absorption of minoxidil. Regaine should not be used during pregnancy or lactation. Regaine should not be used in conjunction

with other topical agents. **Legal Category:** P. **Package quantities:** Bottles of 60ml with one or more of the following disposable applicators: pump spray, extended tip, or rub-on assemblies. **Product Licence number:** PL0032/0136. **Holder of Product Licence:** Pharmacia and Upjohn Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. **Date of Preparation:** March 1997. **Pricing Information:** £24.95 retail price (£21.23 excluding vat).



Pharmacia
& Upjohn

Going colour crazy

Sarah Purcell looks at changing patterns in home colourants

Colourants are the fastest-growing sector in the hair care market, with sales up 9 per cent to £112 million (IRI Infoscand) in the last year. "Growth is coming from the home colourants category, with salon sales currently static," says Nicole Kremer, colour category manager at Wella.

So what's the attraction? Home colourants have traditionally been a 'high-stress' purchase, with many women too scared of a hair disaster to risk trying the products at home.

So what's changed? In the last few years, home colourants have been revolutionised by new technology, which was initiated by the first tone on tone semi-permanents such as Casting and Soft Color. Formulations have become gentler, application is easier and the results are longer-lasting than before. The newest longer-lasting semi-permanents are all aimed at the under-30s fashion market.

But despite these advances, many women do still find home colourants daunting and confusing and will welcome any advice from you – which is why it's still a strong market for pharmacy.

The colourants boom

According to Wella, one in five women now use a home hair colourant. Most women who use home colourants tend to be mid-30s and above, and use it mainly to cover up grey. But manufacturers claim that the potential for the younger market is huge.

"All the new longer-lasting semis are aimed at a much younger market than before, and companies have spent a lot of money on advertising them to this sector," says hairdresser and salon owner Daniel Field.

At Wella, Ms Kremer says the consumers no longer choose colourants by category, but are swayed by novelty and new ideas: "Women want to try whatever is new."

The new longer-lasting semi-permanents have performed particularly well, says Clairol, with sales up by 38 per cent last year,



although permanents are still holding their own, with a rise of 16 per cent in sales. The older-style semi-permanents saw a decline of 14.4 per cent and temporaries were down by 8.3 per cent.

But research by Wella found that a third of potential consumers still walk out of the shop

without making a purchase. Daniel Galvin operations director Stephen Nurse puts this down to the FUD (fear, uncertainty and doubt) Factor. "Our own research has shown that these are the main reasons why women won't use home colourants," he says.

Clairol believes many women

are put off using home colourants because they are confused by the choice and range of products, and are afraid of buying the wrong one. Research by the company revealed that 39 per cent of non-users walk away from the colourants fixture because they're confused, 29 per cent of former users said they

were afraid of not getting the right colour result and 40 per cent of new users said the shelf was the most important influence in selecting a colourant.

To help solve these problems, Clairol has introduced the Colour Choice System, which divides colourants into three levels, depending on how long they last. Consumers simply pick how long they want results to last, then check the shade chart on the back of the pack to choose

guage which is approved by the Plain English campaign, making it much more user-friendly.

To address colour fade, one of the main problems with permanent colourants, L'Oréal has developed Recital Preference, with a fade-resistant formula. The colour molecules in the new formulation get trapped in the hair's keratin scales which open up every time the hair is washed or heated, making the colour last much longer.

High-tech colourants

"The new longer-lasting semis are the biggest advance in colourants in recent years," comments Bob Shephard, technical manager at Clairol. "They're gentler on the hair, as they don't contain ammonia and they leave the hair in better condition." Products in this category include L'Oréal Casting, Garnier Movida, Clairol Natural Instincts, Wella Soft Color, Daniel Field Water Colour and Daniel Galvin Salon Colour.

While the new semi-permanents saw sales rise 40 per cent last year, Ms Kremer at Wella thinks this will slow down in the future. "The new semis have encouraged more consumers to try colourants and they now understand the risk of damage to the hair is much lower. However, the problem with this sector is that it doesn't have a clear enough positioning – are these products longer-lasting semis or shorter-lasting permanents?"

Colour news

Permanent colourants still take over 50 per cent of sales in the market, so it's not an area manufacturers can afford to neglect. Wella has just launched Viva, which promises to offer considerable benefits to consumers. Viva contains a colour vitaliser, which consists of conditioning ingredients and keratin to surround and stabilise colour pigments during the colouring



New Viva contains a colour vitaliser to condition and stabilise

process, and helps the hair to reflect light better. Because the condition of the hair is improved, the colour stays true for longer, says Wella. Viva is being supported with a \$4m advertising campaign, including television advertising in spring and autumn. Viva will replace Wella's Colour Confidence brand, which has been discontinued.

Wella has relaunched its temporary colourant, Shaders & Toners, with an improved conditioning formulation and a new range of fashion colours.

Clairol has introduced the first water-based permanent hair colourant, called Hydrience, which is enriched with sea proteins and minerals. Scientists at Bristol-Myers use water to surround each colour molecule. As moisture attracts moisture, the water molecules are attracted by the natural moisture content in hair, which enables Hydrience to saturate every strand with permanent colour.

The moisturising system ensures that colour stays truer for longer, and hair is left feeling thicker and fuller says Bristol-Myers. There is a choice of 18 shades.

Clairol has also reformulated

its best-selling Nice 'n Easy, with a new conditioner called Healthy-Shine. Enriched with nutrients, the after-treatment conditioner is designed to leave hair smooth, silky and full of body.

Alberto-Culver has come up with a new semi-permanent, VO5 Colour Select, which gives a clear indication of the results you can expect. There is a choice of both fashion colours and natural tones, none of which contain peroxide or ammonia.

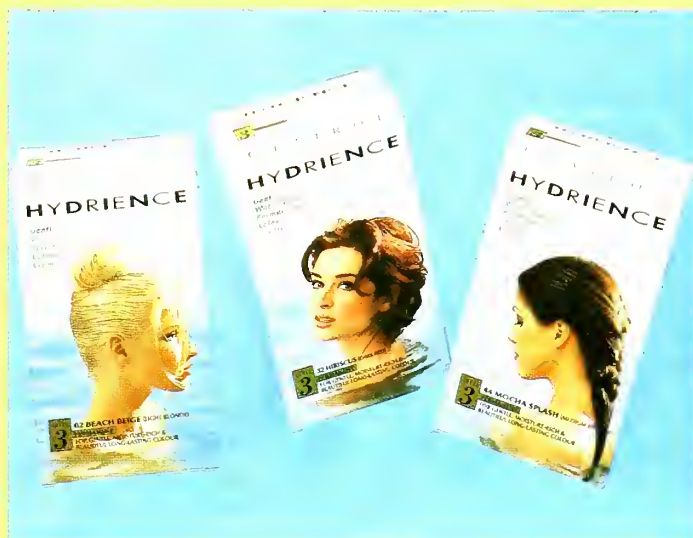
Hair loss

Some 9 million people in the UK experience hereditary hair loss, the cause of 95 per cent of the problem, of which 7.4m are men and 1.8m are women. By the age of 40, some 40 per cent of men and 25 per cent of women have experienced some form of hair loss.

In men, the hair usually recedes from the hairline at the front of the head and in a circular pattern from the crown. In women, hair falls out more gradually and tends to thin over the entire head, usually starting at the crown. Hair loss is seen in about 40 per cent of women by the time they reach the menopause.



Regaine – a solution in certain cases of male pattern baldness



Hydrience – uses the principle of moisture attracting moisture

Today's hair styles lend themselves to experimentation, be it with cut, shape or colour

the colour they want their hair to be.

Alberto Culver, maker of VO5, also carried out research to find out why more women weren't using home colourants. Following the results, they company has come up with VO5 Colour Select, which gives a clear indication of the results you can expect in lan-

Tackling problems head-on

John Mason FIT, an advisory consultant in trichology and the chairman of the Institute of Trichologists, takes a closer look at common hair and scalp disorders

The etiology of dandruff (*Pityriasis capitis*) has never been clearly established, although there is no doubt that an increase in the total microbial flora is associated with the condition. It mainly affects people between adolescence and 50 years of age, with a peak at around 20.

Although it usually clears at around 50-60 years of age, it may persist into old age. It rarely affects children to a significant extent. Indeed, the presence of more than a very mild pityriasis in children throws immediate doubt upon the diagnosis.

The pathology of pityriasis is simple and clearly established. The horny layer, which usually consists of 25-35 fully keratinised cells, is reduced to fewer than ten and these are often parakeratotic (retention of the nucleus, which is normally lost upon keratinisation).

Small white or grey scales accumulate on the surface of the scalp either as localised patches or it may be more general and diffuse. Often the scales will be widely dispersed within, but not adherent to, the hair fibres.

More importantly, the permeability of the stratum corneum is greatly increased, enhancing the penetration of topical medications. Pruritus is not a feature of simple pityriasis and, if present, would suggest a seborrhoeic condition.

The common belief that the yeast *Pityrosporon orale* is the cause of *pityriasis capitis* has not been conclusively established. It is more likely there is an altered response to the organism.

Diagnosis should eliminate pediculosis, psoriasis, ringworm, and *pityriasis amiantacea*. Pediculosis can look surprisingly like the dispersed scales of pityriasis and particular care is necessary if this possibility is to be ruled out.

Anything more than mild scaling in children would suggest psoriasis, particularly if there is a family history. Do not be persuaded from this view simply



Hair and scalp disorders can be difficult to control

because the scaling does not look like typical psoriasis. Children simply do not have severe pityriasis. Small areas of scaling with dull broken hairs in children would suggest a microsporon ringworm.

The usual medications are selenium sulphide or zinc pyrithione applied as a shampoo. Either medication may fail with some patients and even when effective they will have to be repeated from time to time. This is almost always a control situation, not a cure.

Selenium sulphide (Selsun) is certainly the more effective of these two treatments, but is not popular with patients. It also tends to increase sebum secretion. For mild conditions, regular use of a product such as Head & Shoulders is probably all that is necessary, increasing the frequency of use where necessary.

A more determined approach is sometimes necessary, such as a one-off Selsun shampoo on day one followed by a shampoo containing zinc pyrithione daily for a further six days. The patient should be encouraged to leave these shampoos on for at least 15 minutes before rinsing.

Ringworm is a fungal infection of the stratum corneum, which may or may not involve the hair shaft. There are at least 20 species which cause such infections worldwide, one dermatophyte species - microsporon canis - is commonly a disease of

both puppies and kittens, and although child to child transmission does occur, pet to child is the norm. It is highly infectious by this route, with about 93 per cent of those children exposed contracting the condition.

The lesions are single, occasionally multiple, and often ringed with scaly edges. Hairs within the lesion tend to break off only a few millimetres above the scalp. The lesions are not necessarily circinate in spite of the name. Cases are usually pre-pubertal children, as adults develop resistance. Look for further lesions on the forearms, wrist, and the back of the hands.

Adult scalp ringworm is not common in the UK. It is more likely to be due to *Trichophyton tonsurans*. This organism is very contagious and, unlike *Microsporon canis*, is also fomite (comb, etc) transmitted.

The general medical view is that fungal infections of the scalp cannot be effectively treated with topical medications, particularly if the hair shafts are involved. Griseofulvin, ketoconazole and itraconazole are the oral drugs of choice.

About the only effective weapon in the pharmacist's armoury is ketoconazole as Nizoral shampoo with Whitfield's Ointment (preferably thinned down to half-strength) used as a light dressing after shampooing. Treatment should be daily for at least six days. It is essential to

both rub- and comb-in the fungicidal ointment very thoroughly.

In psoriasis, the hair itself is not directly involved except that the diameter of hairs growing within the lesion is considerably reduced and such hairs are lustreless. There may be considerable hair shedding.

The pathology of the condition includes acanthosis (thickening) and parakeratosis (abnormal keratinisation with retention of cell nuclei) of the horny layer. The dermal papillae are oedematous and tiny bleeding points will often occur if the scales are scraped away. The scales are thick, silvery and loose. The area affected will frequently extend up 3cm beyond the hairline.

Check if there is a family history, a history of earlier attacks, or typical lesions on other areas of the body, such as the elbows. It must be diagnosed from tinea (ringworm) and, if it extends beyond the hairline, from seborrhoeic dermatitis.

Patients should alternate between a tar and a non-tar medicated shampoo, used daily.

It will almost certainly be necessary to apply a keratolytic, such as salicylic acid ointment, usually at night under occlusion from a shower cap, although some people prefer the keratolytic to be applied one to two hours before the daily shampoo. When used in this latter way, the concentration of salicylic acid should be 3-5 per cent.

Cradle cap occurs in the first three months of life and presents as a matted, yellow or grey, greasy, crusted scale of the scalp with erythema. Occasionally, the child develops a scaly erythema in other areas, eg behind the ears or on the neck. The condition tends to be self-limiting.

Treatment consists of using a mild shampoo with a gentle friction. If this does not work, pre-treat the scales with warm vegetable oil, gently working on the scales with cotton buds soaked in the oil, and then shampoo.

The type of shampoo is less important than the 'aggressiveness' and frequency with which it is applied.

If a rash is present, hydrocortisone 1 per cent may be applied to the scalp as a cream twice daily, but corticosteroids are very rarely required for treating seborrhoeic eczema of the scalp and are best avoided.

If secondary infection is present, it is preferable to leave the prescribing to a GP.

THE NEW DEODORANT FOR MEN WHO PUNISH THEIR BODIES, NOT THEIR SKIN.



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The launch will be backed by a £2.2 million spend,
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EASY ON YOUR SKIN.**



Cleanse, detangle and shine

Washing hair is no longer the simple affair you thought it was and care products now have to perform much better, says Sarah Purcell

With a move away from perms to more natural, longer hairstyles, condition is now the key to today's looks. It's no longer sufficient for a shampoo to just cleanse or a conditioner to detangle, they all have to work much harder to earn their place on the bathroom shelf. As with skin care ten years ago, we're now seeing an influx of products which are designed to meet individual hair care needs.

Let's get high tech

You only have to switch on the television to see how technical hair washing has now become – adverts for Elvive, Pantene, Wella Experience and Organics all focus on scientific advances. But what are the extra benefits?

Heather Cooper, marketing

group manager at Wella, says the importance of condition has had a huge impact on the products it and others manufacture.

Wella Experience contains a liquid hair complex. First used in the company's repair serum, the ingredients are now in shampoos and conditioners, too. The complex includes keratin combined with PVP and cationic polymers to rebuild the hair, build shine and make it more manageable.

"Consumers should see the benefits of using these products immediately – the more damaged your hair is, the more dramatic the results," says Ms Cooper.

Organics' products all contain glucasil, which is naturally present in the body, and penetrates the hair at the root to give healthier-looking hair.

Pantene was the first shampoo to focus on healthy hair. Based on a pro-vitamin B5 complex, called pantyl B, which penetrates the hair shaft and nourishes from within. On the outside the cuticle is smoothed and static is reduced.

The pantyl B complex has now been included in the styling prod-

ucts and recently the hairspray. The company has a '14-day promise', which guarantees healthy shiny hair in two weeks.

Gliss Corimist contains a hair repair complex, with ingredients which adapt to the hair's needs. These include panthenol to smooth the hair cuticles, vegetable oils for condition, hydrolysed proteins and a complex catalyst, which makes the ingredients more effective at conditioning the hair.

Supersoft contains an active vitamin complex to protect hair. This includes pro-vitamin B5 and phytantriol, a 'vitamin enhancer', which makes the ingredients more effective.

Elvive comprises three technologies: ceramide R for fine hair, Kera-Protein for dry/damaged and Nutri-Vitamins for normal. Ceramide R duplicates the natural ceramide found in hair, and leaves it thicker and fuller. Kera-Protein contains 17 of the amino acids from which the hair's protein, keratin, is made. Nutri-Vitamins includes vitamins B5 and E.

St Ives' shampoos and conditioners all contain pantolagen, which expands, thickens and strengthens each hair shaft, giving more volume and body.

Conditioners back

To achieve the dream of healthy, shiny hair you need a conditioner, so once more they are back in vogue. Although some people will always prefer the convenience offered by 2 in 1s, many, and women in particular, are becoming more aware of the benefits of a separate product.

Sales of conditioners have increased by 8.5 per cent (IRI Infoscan) in the past year, making them the second fastest-growing category after colourants. Growth has been boosted by intensive conditioning products, as well as the swing back to single-function products. Other reasons for the sector's growth include the fashion for longer hair, which requires more conditioning, and for coloured hair, which dries out more easily.

At Elida Fabergé, Claire Harrison-Church says the number of conditioner users hasn't gone up much, but people are trading up.

Future for 2 in 1s

After the boom for convenience products, it seems we're now going back to doing things more thoroughly. But, although they



Johnson's Baby Mild Conditioning shampoo detangles children's hair



Nizoral's POM to P switch gave the sector a new lease of life



Relaunched Organics contains a new double-action formulation to create shine

THE VERY BEST FOR HAIR

The famous Mason Pearson cushion technique conditions as it brushes to promote shining loveliness.

Write for colour brochure of range

MASON PEARSON
— the great original.

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Continued on P30 ►

Your answer to hayfever comes in a spray.



Contains Beclomethasone Dipropionate

- ☀ Proven safety: No interaction with other drugs.
- ☀ Proven efficacy: Treats *and* prevents hayfever.
- ☀ Non-drowsy.

**"Why perfuse the body with anti-histamines dissolved in the blood,
when more effective topical remedies like Beconase Hayfever, which treat and
prevent all hayfever symptoms, are available?"**

Jeremy Clitherow, Board Member, National Pharmaceutical Association.



FREEDOM FROM HAYFEVER.

Presentation: Aqueous Nasal Spray containing 50 micrograms beclomethasone dipropionate per spray. **Uses** Prevention and treatment of seasonal rhinitis (hayfever). **Dosage and administration** For intranasal use only. Two sprays into each nostril every morning and evening. For use in adults and children aged twelve years and over. Beconase Hayfever does not cause drowsiness. There are no known interactions with other medicines. **Contra-indications** Hypersensitivity. **Precautions** If hayfever symptoms have not improved after 10 days, consult the doctor. **Pregnancy and lactation** Consult doctor before use. **Side effects** Dryness and irritation of the nose and throat, unpleasant smell and taste, epistaxis hypersensitivity reactions have been reported rarely. Rare cases of raised intraocular pressure, glaucoma and nasal septal perforation have been reported. **Retail selling price** Pack with 100 sprays - £5.39. Pack with 180 sprays - £7.99. Legal category P. Further information available on request from Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT. **Product licence number** 10949/0093 **Product licence holder** Glaxo Pharmaceuticals UK Ltd., Stockley Park, Uxbridge, Middlesex UB11 1BT.

are not growing at the rate they were, 2 in 1s are here to stay, with most ranges offering one.

Accounting for 26.4 per cent of shampoo sales, 2 in 1s are mainly used for convenience by men and children. In a survey carried out by Schwarzkopf, those most likely to use 2 in 1s were 15-24-year-old male students.

Out of the salon

In the last couple of years, the market has been flooded with new professional salon brands – Nicky Clarke, Charles Worthington, Daniel Galvin – but few see them as a threat to the big names.

“Professional brands have made the market even more segmented and they have taken a

niche within the beauty sector. But I think in future we'll see retailers rationalising their stocks,” says Nicola Schwarz, brand manager at Schwarzkopf.

At Wella, Ms Cooper admits the new brands have helped the market: “Salon products have helped to increase the value of the market and they prove that people are prepared to pay more for hair care products.”

At Elida Fabergé, Ms Harrison-Church says the salon products haven't made much impact on sales. “They do better in the pharmacy than in grocers, but they do remain a niche sector.”

Medicated market

Medicated shampoos are now worth \$52.7 million (IRI Infoscan), accounting for just under a

quarter of sales, and still show good growth. And with its health-care positioning, it's a sector which is ideal for pharmacy.

The sector was given a new lease of life in March, 1996, by the POM to P switch of Nizoral, and has been boosted recently by a number of new launches.

J&J MSD Consumer is putting \$3m into TV advertising for Nizoral and claims 18 per cent of the medicated market. It wants to educate consumers that ketoconazole kills the fungal yeast, *pityrosporum ovale*, implicated as a cause of dandruff.

Wella Experience now includes a 2 in 1 dandruff control variant, which gives hair extra body while clearing up dandruff.

Neutrogena Long Lasting Dandruff Control shampoo also contains ketoconazole. “Unlike most dandruff shampoos, which recommend frequent use, it only has to be used twice a week to clear dandruff,” says marketing manager Cathy Heseltine.

Head & Shoulders pH Balance is formulated to be gentle on the skin, while it takes care of dandruff. Tiny crystals of the ZPT formula have been created to give wider coverage of the scalp without stripping hair of essential oils. From August it will be on TV in a new ad campaign.

The pharmacy role

No one will deny independents are losing share in the hair care market, with sales of shampoos down by 13 per cent and conditioners by 0.3 per cent in the last year. But this doesn't mean there is no longer a role for the pharmacy. “You need to cash in on your point of difference from the multiples, which is advice and service. Think about your customers and what they will want – stock both value and impulse lines,” says Ms Schwarz.

“It's not just independents who have been affected by the rapid rise of the grocers – Boots is feeling the pinch, too. Grocers are getting stronger in hair care. Pharmacies do best with the

Top 5 shampoo brands

Pantene
Head & Shoulders
Organics
Wash & Go
Timotei

Top 4 conditioner brands

Pantene
Alberto VO5
Organics
Salon Selectives

Top 5 styling brands

Alberto VO5
Studio Line
Wella Shockwaves
L'Oréal Freestyle
Pantene

Top 4 hairspray brands

Elnett
Silvikrin
Pantene
Harmony

Top 5 colourant brands

Claïrol Nice 'n Easy
L'Oréal Excellence
L'Oréal Recital
Claïrol Loving Care
Garnier Belle Color

Source: Taylor Nelson AGB Superpanel
(year to February, 1997)

more specialist products, such as intensive conditioners and colourants, where people need more advice. It's important that you understand what is in the products,” says Ms Cooper.

Headline news

Elida Fabergé is supporting Organics with its biggest spend ever – a \$20m campaign over the year, including \$15m of TV advertising. The brand's relaunch will be supported by a ten million household sampling initiative and a national third off price promotion on the 200ml bottles. Advertising will also include a radio campaign.

The company is supporting the recently-acquired Salon Selectives range with an \$11m spend. There will be interactive point of sale material, a phone-in offering consultation and a Hair Club.

In the male market, Sara Lee's Brylcreem Grey shampoos and styling products have grown by



Brylcreem Grey has grown by 65 per cent since its launch a year ago



St Ives shampoos and conditioners all contain pantolagen, an ingredient which expands, thickens and strengthens each hair

take care

Putting on the style



Neutrogena Long Lasting Dandruff Control Shampoo contains ketoconazole

65 per cent since their launch. With men spending \$156m on hair care each year, but only \$20m allocated to male-specific products, the Brylcreem Grey range was launched to meet growing demand. The shampoos have been reduced in price to \$1.99.

Johnson & Johnson has extended its Johnson's Baby range with the addition of Mild Conditioning shampoo. It contains gentle conditioners to detangle children's hair. It will be supported by a \$700,000 TV and \$300,000 press campaign.



Supersoft shampoos and conditioners contain an active vitamin complex to protect hair

The trend for longer, more natural styles has slowed growth in styling products, now worth \$98.6 million and up just slightly on last year's figure. While mousse takes about half of all sales, it's hair-sprays, gels and waxes that are showing most growth.

"The growth in gels and waxes is largely down to male usage," says Heather Cooper at Wella. While the trend for healthy-looking hair has created the shine serum market, sales are still small as one bottle can last a long time.

Despite the natural look being popular, sales of hairspray were up by 10 per cent last year and still dominate the market. But we're now seeing extra benefits in this sector, with products that improve the condition of hair, as well as giving natural hold. Andrew Collinge, who created his own Salon Solutions range, says styling products are still essential for today's fashion.

The new generation

While 'natural' may be in vogue, most of us still need a little help from styling products, says Nicola Schwarz at Schwarzkopf.

Ms Cooper says it tends to be older women who look for styling products which also have conditioning benefits. "Younger users are generally less concerned about the condition of their hair – for them hold is the priority."

On the shelf

Wella has launched Wellaflex, a new range of mousses and hair-sprays which care for, as well as style, the hair. The formulation includes betaine, derived from sugar beet, which locks moisture in the hair to stop it from drying out, so it retains its elasticity.

The products are available in Extra Strong, Normal and Perm/Damaged variants. Wellaflex will be supported by television advertising and a PR campaign.

New to Wella Shockwaves is Creative Styling Spray, designed to leave hair natural and shiny. It can be used on damp or dry hair for volume, shape and texture.

Procter & Gamble has introduced Pantene Pro-V Flexible Hold hairspray with Elastesse, to give hold but leave hair feeling natural. Elastesse is a new ingredient, said to be the first new fixative for decades. It creates a network of flexible bonds which allow the style to move freely yet bounce back. It also improves condition and shine. The launch is being supported by an \$8m campaign over the next 12 months, including TV advertising.

With 1,500 styling items on the market, P&G has introduced Healthy Hair recipe cards, which outline the products you need for different styles.

Elida Fabergé has developed Salon Selectives Flexihold hairspray, giving long-lasting hold without stickiness. The launch is being supported with \$2m.

Schwarzkopf has developed Supersoft Final Touch hairspray



V05 Frizz Buster Styling Mousse promises to make it simple to achieve a smooth, glossy look

for instant shine as well as hold. It also contains a vitamin complex to care for hair.

Alberto-Culver has come up with a solution for the common problem of frizzy, flyaway hair. V05 Frizz Buster Styling Mousse contains a blend of conditioners and holding agents to tame frizzy hair and flyaway ends, helping to achieve a smooth, glossy look. And to add body to fine hair there's new V05 Moussing Gellé. The product combines the hold of a gel with the easier application of a mousse.



New Pantene Pro-V Flexible Hold hairspray with Elastesse is designed to give good hold, but leave hair feeling natural



You know that taking care of your customers' interests helps you to take care of your bank balance. That's why the Care range of competitively priced OTC medicines from Thornton and Ross is the ideal brand for the independent pharmacist. You can assure your customers that Care products provide the kind of effectiveness they normally expect from more expensive brands, but at a price they will find very attractive (and at an attractive margin too!) And if your customers are happy, they will come back time after time. So, to take care of your customers, take Care!



The brand for independent pharmacists

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In the spirit of co-operation

United Norwest Co-op almost doubled its number of pharmacies in 1996. There are more than 60 and the aim is to reach 100 over the next three years. Adrienne de Mont talks to healthcare controller Geoff Flint, who has made a controversial bid for an out of hours contract

Pharmacists are understandably upset when covert researchers check on the advice they give customers. But United Norwest pharmacists accept, as part of their everyday life, that a mystery shopper will make an unannounced visit every three months to investigate the service they offer.

On her first few visits, the mystery shopper asked for advice on migraine treatment and malaria prophylaxis, and tried to buy Triludan while taking a prescription medicine which could have caused a fatal interaction. She assessed the questions she was asked and the pharmacist's involvement in the sale. She also 'mystery shopped' local Boots, Lloyds and independents to see how their standards compared.

"Initially, our results were disappointing, but no worse than those of our competitors," says healthcare controller Geoff Flint. "The most common problem was lack of pharmacist involvement. Although the assistant referred to the pharmacist, he or she did not come out of the dispensary and talk to the customer. So we talked supportively to those who had disappointing scores – without putting them under pressure – and tried to sort out areas of concern. Perhaps they needed an extra dispensing technician to help at busy times, for example. It was interesting, though, that the pharmacist who had the highest score was one of the busiest, yet she still found time to talk to the patients."

The scores have steadily improved since the scheme started 18 months ago and none of the pharmacists has complained about intrusion into professional liberties. Geoff thinks this is mainly because they were forewarned that a mystery shopper was at large and because there was a non-judgmental approach to the findings. The results were shared with the staff, but kept anonymous.

The scheme links with the Co-op's Pharmacist Forward initiative, which began two years ago to encourage pharmacists to come out of the dispensary, so customers could relate to them first-hand rather than through a



Geoff Flint, healthcare controller for United Norwest Co-op

third person. In February, the group launched new dispensary procedures which allow pharmacists to spend more time with customers, while technicians do more routine tasks.

"The pharmacist's hands-on involvement in service is going to be so important to the profession's future," says Geoff.

Increasingly, United Norwest

is focusing on the professional side of pharmacy and on improving customer relations. Geoff, who was previously a pharmacist with Boots, describes his past 14 years with the Co-op as "an exciting evolutionary time". He has been responsible for most of the recent pharmacy acquisitions and is in charge of future planning.

United Norwest Co-op's healthcare division covers an area of the Midlands and North West bounded by Stoke on Trent to the south, Bentham (near Lancaster) to the north, Ormskirk to the west and Glossop to the east.

Three of the 'showcase' pharmacies are in the Stoke on Trent area.

Tunstall

In Tunstall, four GPs moved into the Furlong Road Medical Centre and the adjacent Co-op pharmacy opened last year as a result of a minor relocation.

The pharmacist manager, Lindsey Fairbrother, did a PACT course at Aston University and cut £42,000 from the doctors' drugs bill in six months with her

prescribing advice. She hopes to extend the service to other general practitioners.

She also organised a 'Smokebusting' Week in the run-up to No Smoking Day in March, during which she took posters, advice leaflets and a Smokealyser to other Co-op pharmacies, students' unions and local offices.

Geoff Flint describes the pharmacy as being a mid-point in pharmacy development. It has a convenience range of health, beauty and baby care products, but nothing like a full range of traditional pharmacy items and "definitely no dump bins".

"We believe the medicines counter should dominate the pharmacy, so people know exactly what kind of a shop it is

as soon as they enter," he says.

There is a separate consulting room, but it has hardly been used.

"Customers tend not to want to go into an enclosed room," comments Lindsey. "Perhaps it offers too much privacy and a screened area in the front shop might be better. The patients seem to want a less formal approach than in the surgery and they are quite happy to ask for advice over the counter."



Although the healthcare division intends to keep a foothold in the Co-op's traditional outlet of supermarkets, there is a strong move towards health centre pharmacies which concentrate on a basic range of health and beauty items. One new pharmacy sells nothing but medicines and food supplements.

This two-pronged approach aims to bring pharmacy where it is needed most – in the heart of the community and 'in the heart of healthcare', where pharmacists can liaise more closely with GPs. Geoff Flint sees two community options – the High Street, which offers convenience and caters for people with limited mobility, and out of town superstores, where most people now do their shopping.

United Norwest plans to open more pharmacies in its Late Shops, which are convenience stores staying open until about 9.30pm. At present, the pharmacies in these stores close at 6.00-6.30pm, although Geoff acknowledges the need for them to be open later.

"Customers want prescriptions dispensed at times convenient to them, but there are economic and manpower problems in employing pharmacists over long periods during which they might dispense only one or two prescriptions. A solution might be to co-ordinate extended opening hours within 20-25-minute drive times, so there is always a pharmacy within an easy distance," says Geoff.

Several of the most recent acquisitions have been independent pharmacies, situated in older buildings down the road from surgeries. In some cases,

the Co-op has carried out minor relocations and re-opened in smart new purpose-built premises adjacent to health centres, where there can be closer relationships with the GPs.

"In the next ten years or so, pharmacists will have to prove a reason for their existence," says Geoff. As dispensing becomes more automated, they will have to show they are different from dispensing technicians and are an essential part of the medication management team.

The division is developing a pharmacy partnership concept to take forward new professional services. Groups of six to eight pharmacies could share a specialist PACT pharmacist, who could advise all the GPs in the area. Or a pharmacist with an interest in blood pressure monitoring could take on the service for others in the group.

Out of hours contract

One of the most controversial ideas is to set up out of hours pharmacies. Two medical centres want to reduce GP night-time call-outs by using a telephone service from 6.00pm to midnight. Patients would either be advised how to control their symptoms until next morning or, if it was more urgent, they would be offered a home visit or an appointment that evening with a duty doctor. The doctors would like a pharmacist to be on hand to dispense urgent prescriptions, instead of patients having to contact the police or drive long distances to an open pharmacy.

One of the practices already has an adjacent Co-op pharmacy. The other – in Oldham – will seek an out of hours dispensing con-

tract as part of its conversion into a new medical centre. Already there has been opposition from local pharmacists, but Geoff replies that it is a response to customer need in the same way that Sunday opening and superstore shopping are here to stay. The out of hours pharmacy will probably just break even and is unlikely to take large amounts of business from others.

"It would be a service to the community which only companies like the Co-op would be prepared to undertake."

The group regards giving customers what they want as a major priority. All the pharmacies prominently display 'Customer Charter' leaflets with a Freephone number and form for suggestions and complaints.

"Studies have shown it costs eight times as much to gain a new customer as it does to retain an existing one. And if you can resolve a complaint in 24 hours, the customer is likely to be more loyal than before," he explains. "We've been surprised how positive, rather than complaining, some of the comments have been."

A new marketing manager, Bob Taylor, has joined the Stoke on Trent head office to carry out market research into what customers want, to encourage the public to regard pharmacies as the first port of call for healthcare and to improve communications with GPs, health authorities and the general public. He believes the key to differentiating one pharmacy from another is the level of service and rapport with customers: "In planning our pharmacies, we need to create an environment that's conducive

to discussions about healthcare."

Says Geoff: "When we take pharmacists on board, we try to find out if they are interested in people. If not, should they really be in community pharmacy? They need the confidence that they are the experts in medicines and that there is nothing to be afraid of in facing a row of people across the counter. They also need good, well trained back-up staff so they can focus on being pharmacists rather than dispensing technicians."

The managers have an incentive to keep themselves up to date, as salaries are linked to participation in the Centre for Pharmacy Postgraduate Education courses. They also carry out self-audit and one of the aims is to hand out dispensed medicines personally in 80 per cent of cases over two years. A manual of dispensing protocols is about to be launched.

One of Geoff's particular hobbyhorses is hygiene and he has been extremely critical about the way some pharmacists still handle tablets when counting them. "We have a lot to learn about hygiene standards from our grocery colleagues," he says. The self-audit also includes cleaning routines and checking on expiry dates.

Geoff's ambition is to bring the total number of United Norwest's pharmacies to 100 over the next three years – a modest target compared with Tesco and some others – but it will make the group one of the six largest in the UK.

"If we can offer quality businesses, quality service and good financial returns, I will be more than happy," he says.

the pharmacist for advice, which saves them time. The pharmacist can also help with problems of compliance or confusion about generics. The feedback from patients has been incredibly good."

The pharmacy manager is Josie Farrell, whose husband, Stephen, works for the Co-op in Biddulph. They met while studying pharmacy in the same year at Manchester University. She sees the pharmacy's role as one of close collaboration with the surgery on matters such as health promotion, as well as ironing out medication problems.

The pharmacy sells only medicines and food supplements. This is partly due to Geoff Flint's "enthusiasm for the European pharmacy example" and partly due to the fact that the planners would not allow any retail developments on the site. There is no window display and the pharmacy connects with the health centre by an internal door.

Kidsgrove

Nine GPs moved from the town centre a year ago into new premises on the outskirts. According to Geoff, "It caused a rumpus with the locals", many of whom had no transport and could not walk the distance involved. So prescription collection and delivery is a key

service. As well as opening a pharmacy next to the surgery, the Co-op retained a Health and Beauty shop in the town centre, where prescriptions can be left for dispensing at the health centre pharmacy and delivered to the patient's home.

The pharmacist manager, Tim Keeling, started a warfarin

monitoring service at the doctors' request.

Again, the pharmacy concentrates mostly on dispensing and OTC medicines, and stocks a minimal range of toiletries.

Bradeley

A pharmacy has just opened at the Brook Medical Centre, which was built eight years ago. The surgery's practice manager, Jane Parkinson, is married to one of the two GP partners. She has regular meetings with the pharmacy staff to discuss how best to serve the patients.

"Having a pharmacy on-site has helped immeasurably, as far as the patients are concerned. Even a pharmacy across the road would not have been as good," she says. "Previously, the nearest pharmacies were a long way away and a lot of patients don't have cars. When the doctors prescribe new drugs, they recommend patients to ask



'Financial problems' now plague 42pc of pharmacies

Forty-two per cent of pharmacies are having financial difficulties, according to a new Plimsoll Publishing report.

'Plimsoll Portfolio Analysis - Retail Chemists, First Edition, 1997' analyses the financial accounts of 1,861 pharmaceutical companies around the UK.

David Pattison, Plimsoll's manager, says those in trouble need to change to survive.

Their plight is slightly worse than the UK industry average - about 35-40 per cent of companies have financial problems.

For all the apparent gloom, pharmacies are still among the most productive businesses in UK industry.

The report says sales per

employee rose 2.2 per cent to \$88,830 last year, compared with those of 1995. The UK industry average last year was \$50,240.

Larger outlets are the most productive - companies whose annual turnover exceeds \$14 million report sales of \$200,120 per employee. But even the smallest - turnover less than \$1m - managed \$68,580 per employee, comfortably above the average.

Pharmacies grew more productive last year, the report adds, even though their average number of employees rose by three to 26. Improved pay may have lifted productivity. Employees' salaries rose by nearly 9 per cent to \$11,460. While larger companies paid more, their salaries did not

rise as fast - up 5.5 per cent. In contrast, those of small pharmacies rose 40 per cent to \$9,190.

Growing sales may have been another factor. Sales throughout the industry rose 6.7 per cent last year, compared with 3.5 per cent the previous year. Those whose turnover was \$3m-\$14m achieved an average sales increase of 13.5 per cent, compared with 9.2 per cent for smaller outlets. Those of the largest rose 13.2 per cent on average.

'Plimsoll Portfolio Analysis - Retail Chemists, First Edition, 1997', \$305, plus supplement report, \$205, Plimsoll Publishing. A 5 per cent discount is available to C&D readers who call Mark Haynes on: 01642 230977.

GW respiratory drug sales to top £2bn

Glaxo Wellcome's respiratory drug sales, which are expected to be worth about \$2 billion this year, have exceeded gastrointestinal sales for the first time.

The company's respiratory sector was worth \$1.8bn last year, but it has more potential, according to GW, because less than half of asthma sufferers in the West receive medicines.

That attitude is changing, it adds, and should sharply increase sales of anti-asthma drugs in the US and Japan.

Gastro-intestinal sales are continuing to fall by about 12-14 per cent. They could plummet in July when Zantac's patent expires.

The company recently lost its fight through a US appeal court to prevent Novopharm, a Canadian manufacturer, from launching a generic version of Zantac. GW then tried to limit the potential damage by giving Novopharm exclusive rights to produce its generic 16 days before the patent expires.

But GW is still fighting another eight companies in court, which also want to launch generic versions of Zantac. It dismisses the suggestion that Novopharm's success has weakened its case against them. "They are infringing Form 2 [of ranitidine hydrochloride, Zantac's core compo-

nent, whose patent expires in 2002]. Because the court cases are pending, the companies cannot legally come onto the market in July," says GW.

Meanwhile, the company is concentrating its efforts on new products. Dr James Niedel, its research and development director, says it started to develop ten new molecules during the first four months of the year. Work will begin on a further ten by the end of the year. "This means we are well on track to fulfil our stated objective of bringing three significant new medicines per annum to the market from 2000 onwards," he says.

Warner Lambert pays £28.5m for Hickson Pharmachem

Warner Lambert has acquired Hickson Pharmachem, a company that contract manufactures chemicals for pharmaceutical and healthcare markets, for \$28.5 million cash.

The payment is relatively insignificant for WL, whose global sales topped \$7.23 billion last year.

Hickson Pharmachem, formerly a subsidiary of Hickson International, has one plant in Ringaskiddy, near Cork, Ireland.

It already has close ties with WL, having produced chemicals for the company for four years. Hickson currently manufactures the final stage of a chemical

ingredient used in Accupro, a cardiovascular drug that is WL's best-selling pharmaceutical.

WL says the plant will help to meet its international needs - outside the US - for chemicals. The company will also honour Hickson's third-party contracts.

While the plant reported an operating loss of \$4.8m on a turnover of \$16.1m last year, WL says it is unlikely to make any of its 186 employees redundant.

"It will fit into our global sourcing strategy. We've got plenty of products that could be manufactured there and it should do quite well under our control," says WL.

C&D action pack

The advertisement for Fashy products in the April edition of the Pharmacy Action Pack (the C&D product card service) contained some printing errors. For correct pricing information, please call Spectator Sports on: 01923 247363.

New drugs help RPR

Rhone-Poulenc Rorer's new drug sales helped to lift its net income by 6.5 per cent to Ffr674 million for the first quarter to April 30. The group's net sales grew 6.3 per cent to Ffr21,599m.

Coloucreare's service

Coloucreare has launched a wholesale service that offers pharmacists films, batteries and photo-processing services. Pharmacists have to order goods worth a minimum of £25 to take advantage.

Queen's Award for D&D

Davis & Dann, a company which exports and distributes healthcare, personal care, beauty and household products, has received a Queen's Award for Export Achievement.

COMING EVENTS

MONDAY, MAY 12

N Metropolitan Branch, RPSGB
School of Pharmacy, Brunswick Square, London WC1, 7.30 for 8.00pm. AGM followed by 'Noah's Ark' by Andrew Burr.

THURSDAY, MAY 15

Bristol Branch, RPSGB
Southmead Post-Grad Medical Centre, 7.30 for 8.00pm. 'Superbugs strike back!' by Dr R C Spencer, consultant microbiologist, Public Health Laboratory, Bristol Royal Infirmary.



Commitment to training: more than 30 pharmacists and medicines counter assistants from Anglia Co-op discuss the finer points of shelf management at a recent workshop held by Smithkline Beecham. The evening was part of the company's Pharmacist Pharmacy Training Programme

Canesten AF aims to stamp out competition

Nothing is more effective at treating athlete's foot than Canesten AF. The forthcoming launch of Canesten AF Solution Spray, together with the existing Canesten AF cream and powder will complete the Canesten AF range, offering the consumer and pharmacist a cost-effective and total treatment regime for athlete's foot.

Canesten AF Solution Spray

This new powerful spray, with its unique upside down atomiser, will be the most efficacious solution spray available. With most men preferring to use a fast-drying, hassle-free solution spray, the launch of Canesten AF Spray will open up significant opportunities to expand the currently underdeveloped male treatments market.

What's in a fungi?

No other P or GSL product offers greater efficacy than Canesten AF. The dual-action active ingredient in Canesten AF, clotrimazole, is a fungicide and an antibacterial – it destroys the fungi that causes the infection and the bacteria, too. Most other treatments are fungistatic – simply making the fungi dormant, leaving the sufferer open to further attacks.

Canesten AF's unique dual-action treatment offers effective treatment of the infection, as well as relieving the symptoms.

Informing sufferers

Pharmacy research recently conducted for Bayer reveals that there is a real lack of understanding among consumers about the most effective way of treating athlete's foot, with half of all customers asking for treatment advice. Sufferers are not aware that without an effective clotrimazole treatment they are simply suppressing the fungus, rather than killing it.

Best foot forward

Bayer is undertaking an intensive information programme to highlight to consumers the importance of effective treatment. The following foot facts will ensure your customers keep



their toes in tip-top condition:

- always fulfil the seven-day treatment regime – a large number of sufferers only treat themselves until the symptoms disappear, resulting in recurring incidences of athlete's foot
- always dust footwear and socks with Canesten AF Powder – it's important for pharmacists to highlight the need to treat sufferer's footwear with powder to help prevent athlete's foot
- ask for a clotrimazole product – consult your pharmacist for



treatment advice and the full Canesten AF – with clotrimazole – range.

Bayer's research, conducted among pharmacists, reveals that while sufferers of both sexes use powder to help prevent attacks of athlete's foot, to relieve actual symptoms women prefer to apply a cream and men prefer to use a spray. With the Canesten AF range now incorporating a powerful spray, effective powder and

Additional foot tips for customers

- Avoid scratching – scratching the infected area will damage the surface of the skin and encourage the infection to spread further.
- Wash regularly – the affected areas of the skin should be washed at least once or twice a day.
- Dry properly – pay particular attention to drying the skin, especially between the toes.
- Avoid sharing towels – this should be avoided to prevent the infection spreading to friends or family members.
- Don't go barefoot – suitable shoes or flip-flops should be worn in showers, changing rooms and around swimming pools.
- Let your feet breathe – cotton socks and shoes made from natural materials should be worn to allow the skin to breathe and reduce sweating.

soothing cream, the whole range will be able to effectively satisfy all treatment preferences.

Marketing support

The £1 million 1997 trade and consumer support campaign will focus on raising awareness of the Canesten AF range, the need for a proper treatment regime and the benefits of each individual product.

Consumer education, individually targeting men's and women's publications, is singly the most powerful and effective way to drive sales into the category, highlighting the suitability of each of the products to particular sufferers. An innovative, heavyweight PR programme will provide a major opportunity to bring the brand into direct contact with, and educate, consumers, aimed at encouraging footfall into pharmacies.

The new Canesten AF Spray will retail at £3.99 and will be available to the trade from May. Canesten AF Cream retails at £3.20 and Canesten AF Powder retails at £3.49.

For sales information, contact Bayer on 01635 563000.

Security system for Boots

Boots the Chemists is to test an electronic article surveillance system, known as Ultramax, in 69 stores, whose various sizes and characteristics represent the chain overall.

The decision confirms long-standing rumours that the company was considering the system (C&D February 15).

Ultramax comprises security tagging, which triggers flashing lights at the outlet's entrance. The tags can be enclosed in product packs, especially those that are more frequently stolen.

Boots is investing \$2 million in the pilot, which will run until next February/March.

The company says it took on Ultramax, produced by Sensormatic Retail UK, after conducting extensive trials that compared the company's acousto-magnetic system with radio frequency and electro-magnetic competitors.

Boots wanted a system that could accommodate its wide exits, support a comprehensive tagging programme and prove reliable with small labels.

Its current security measures range from ink pads, which release ink when the product is stolen, to close circuit television cameras.

Mike Martindale, Boots' head of loss prevention and security, says the company will work with Sensormatic to develop source tagging, where manufacturers insert anti-theft labels into packages, and intelligent tagging.

Sensormatic won an order, earlier this year, to install its product in 40 Moss outlets following a successful trial.

Unichem buys nine pharmacies

Unichem has boosted the Moss chain to 468 outlets after acquiring nine more for \$4.07 million.

The new Moss pharmacies are: the Price Wynne chain of five in Birkenhead; St James Pharmacy in Birkenhead; Jordans Pharmacy in Sheringham; Duran Pharmacy in Cannock; and Smith Pharmacy in Felixstowe.

Unichem is financing the acquisitions by a mix of new shares at 262p each, loan notes worth \$464,000 and the balance in cash.

UK pharmacies will be world-beaters

UK pharmacies will enjoy some of the fastest-growing drug sales in the world between 1997-2001, reports IMS International.

The pharmacies' drug sales will have a combined annual growth rate (CAGR) of 8 per cent over the period, compared with Europe's average of 5 per cent. Europe's drug market will be worth \$85.9 billion by 2000.

Spain will lead the pack with 9 per cent, while the US rate will

be 6 per cent. Germany's CAGR will be 4 per cent.

In January and February, drug sales through UK pharmacies rose 5 per cent to \$1,195 million, compared with the same period last year. Drug sales in France rose 7 per cent to \$2,623m during the same periods, making it Europe's biggest drug market for the first time. Sales grew 6 per cent to \$1,543m in Italy, but fell 1 per cent to \$2,589m in Germany.

US drug sales leapt 10 per cent to \$9,988m.

Anti-infectives was the fastest-growing global category during January and February – up 13 per cent to \$3,155m compared with the same period last year. It was followed by drugs for the central nervous system, whose sales rose 10 per cent to \$3,590m.

Cardiovascular drugs remains the best-selling category – up 4 per cent to \$5,227m.

Ontex to produce Smith & Nephew's sanitary towels

Smith & Nephew is switching the production of its sanitary towels to an outside contractor – Belgium-based Ontex.

The towels used to be produced at S&N's plant in Birmingham, but the company says it will achieve "substantial economies of scale" by using Ontex.

Ontex will produce the towels at two plants, one of which is just outside Brussels, while the other is in Corby.

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COMPANY IN FOCUS

- **Dedicated to animal insulin?** CP Pharmaceuticals.
- **Dedicated to a stock market flotation?** Ditto. The company hopes to float on the Stock Exchange in about 18 months.
- **CP Pharmaceuticals?** Wrexham-based company, whose management bought it from Fisons in August, 1993. Its key divisions are generics, hospital products and subcontract. Since the acquisition, CP has overturned losses of \$3 million to a pre-tax profit of \$1.2m for the year to June. Its turnover in the past three and a half years has grown 59 per cent to \$17.5m.
- **It's certainly been busy.** There's more. CP is investing \$6m in a sterile unit, which should increase its sterile output

by 600 per cent. It has won the Wales regional award in 3i's Quest for Growth competition, and the Investors in People accreditation.

● **How does animal insulin fit in with all this?** CP has been producing naturally-derived bovine insulin for 25 years. Its range now includes Hypurin porcine and Hypurin bovine. It recently launched its animal insulins in cartridges, which can be used in pen injector devices.

● **Staff?** There are 330 employees. Two directors are due to retire at the end of the year, which means the company will be looking for two high-profile directors to raise its 'personal stock' further in the lead-up to its flotation.



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ABOUT people

Pharmacy candidates don't get the vote

Pharmacists are going to have to wait another five years for the possibility of seeing one of their colleagues sit in the House of Commons.



Michael Hadley (above), of Hadley Hutt Computing, contested the Worcestershire West seat for the Liberal Democrats. He got 18,377 votes (37 per cent), but came second to the Conservative candidate, Sir Michael Spicer, who took 45 per cent of the vote.

Mr Hadley is unsure of what he will be doing next politically. He has been a Liberal Democrat for more than 20 years and joined the party because "they had the right policies". Simon Hughes, the Lib Dems health spokesman, has consulted him on pharmaceutical health policy.

Mr Hadley's first foray into politics was as a district councillor in 1980. He would like to see more pharmacists involved in local and national politics. "I started in politics because I thought that being involved is an important part of community service," he says.

Conservative locum pharmacist Bashir Khanbhai (below) fought for the Norwich South seat, coming second to Labour's



Charles Clarke, who increased his majority from 4,400 to 14,200.

Mr Khanbhai had 12,028 votes (24 per cent) against Mr Clarke's 26,267 (52 per cent), and believes that he lost voters both to the Referendum and Liberal Democrat parties.

"It's important that pharmacy is represented in the House of Commons. Sadly, the Royal Phar-

maceutical Society and the Pharmaceutical Services Negotiating Committee have not achieved the recognition that pharmacists deserve," he believes.

"Labour's minimum wage proposals and adoption of the social chapter will be an extra burden on independent pharmacies, and the Lib Dems' place in politics is academic, because they won't be in a position to influence policy," he says.

Mr Khanbhai met the then prime minister, John Major, in his constituency during the election campaign. "Mr Major is a decent man. He is very competent, and it is sad to lose him as leader of the party and prime minister of the country," he says.

He has no hankering to move into pharmacy politics and stand for the Society's Council. "I think that I will be more effective in parliament than the Society," he says.

● Pharmacist Graham Jones, proprietor of Broadway Pharmacy in Lambourn, Berkshire, has been elected onto Newbury District Council. He gained a seat for the Conservatives from the Liberal Democrats.

Newbury becomes a single tier authority in May, 1998, when Berkshire County Council is abolished. Mr Jones previously served as environmental chairman on the neighbouring Vale of White Horse District Council in Oxfordshire for three years.

Schering Award

The head of pharmacy at Derbyshire Royal Infirmary, David Cousins, has won this year's Schering Award from the College of Pharmacy Practice.

The award is presented annually to a pharmacist who has made an outstanding contribution to pharmacy practice. Schering Healthcare's head of communications, Paul Copp, presented the award at the annual CPP address in Kenilworth, Warwickshire, on April 24.



The Royal Pharmaceutical Society's director of pharmaceutical sciences, Professor Anthony Moffat (right), is the first recipient of the CPP's new Advanced Award. To qualify, he survived a two and a quarter-hour grilling by two professors. He achieved his membership by practice. "I think this route is marvellous. I don't think I could pass by taking the traditional examinations," he says. CPP chairman David Anderson presented the certificate at the College Day a fortnight ago.

APPOINTMENTS



The College of Pharmacy Practice has elected four new officers: **Professor Graham Calder** (above) as chairman; **Professor Bryan Veitch**, vice chairman; **Brian Riley**, sec-

retary; and **Charles Butler** as treasurer. Professor Calder is a former Scottish chief pharmacist. Professor Veitch was previously the Welsh Office's chief pharmaceutical adviser. Mr Riley is a consultant. Mr Butler manages his own business in Reading.

Charles Marchetti has been appointed finance director of Scholl. He was formerly Smithkline Beecham's vice president and finance director of Italian operations.

Heather Simmonds has succeeded David Massam as director of the Prescription Medicines Code of Practice Authority. Mrs Simmonds was formerly the Authority's secretary.



Pharmacist Marie Caley (centre) has opened Cantley Pharmacy, the first new pharmacy in Doncaster for 20 years. Marie was lucky in that the pharmacist who had originally planned to take over the purpose-built premises changed his mind. She seized the opportunity to open the outlet alongside a local GP practice. "Other towns in the Trent region have many more pharmacies per head than Doncaster," says Marie. She was helped to set up the new pharmacy by her husband, a pharmacist in Sheffield.



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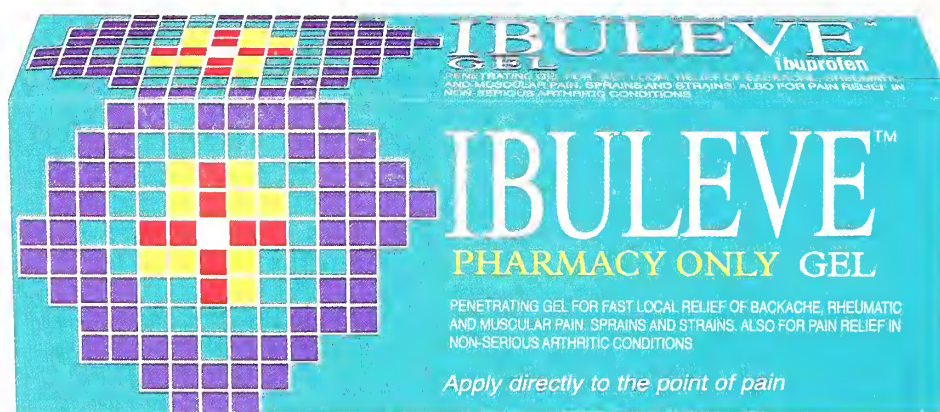
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